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CERTIFICATE OF BEATH

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	1106	10	CERTII	TICA	AIE OF DEATE	1		Reg. Di	it. No		4	
. COUNTY Balt:	imore		MARYL	AND	2. USUAL RESIDENCE (WHO STATE Maryland	ere decease	d lived. If institution b. COUNTY	Balti			ion)	
b. CITY OR TOWN (If outside corporate limit	ls, write	c. LENGTH OF STAY I	AY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give n				give nec	nearest town)			
Fort	Howard		12 Days		Baltimore		3 VO1	1				
OK INSTITUTION	TAL (If not in hospitol, g rans Admini			al	d. STREET ADDRESS	r Plac	е				FARM?	
3. NAME OF DECEASED (Type or print)	Fir LOU		Middle		ABEL	4. DATE OF DEATH	October	th	17		Yeor 1957	
5. SEX		7. MARRI	DIT DIVORCED	-	B. DATE OF BIRTH January 22,18	ROE	9. AGE (In years lost birthday) 62 yrs.	IF UNDER	1 YEAR Days	IF UNDI	ER 24 HRS Min.	
Salesman	King ine, even it retired;	lane 10b.	KHEDLOS PUSINESS OF	INDUS	ise Baltimore.	or foreign c	ountry)	1	-	F WHAT	COUNT	
3. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME						
Jacob Abe	<u>l</u>				Rachael Col	nen						
Yes	ER IN U. S. ARMED FOR	evicel	18-14-9276		in.Rec.,Vet.	Adm. Ho	spital,F		ard	Mary	land	
Conditions, if a gove rise to it couse (a), stating lying cause lost. Part II. OT	mmediate the under-		ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	'EN IN PAR'	[1(a)] 1	9. WAS	AUTOPS	
Part II. OT											NO []	
	AS UNDERLYING [] G CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	TRIBE HOW INJURY OC	CURRE). (Enter nature of injury in l	Part I or Pari	t II of item 18.)					
20c. TIME OF INJUI Hour o. m. p. m.	RY Manth, Doy, Yea	While of work	Not while		CE OF INJURY (Home, farm lory, street, office bldg., etc.		or lown)	{(aunty)		(State	
	Irring	7		death	accurred at 7:55	A.M. from ADDRESS (SE HOWAR	17 1957 In the causes of treet, city or town, D, MARYL	ind an ti		te state		
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREO	F	United He	TERY O	_		ington Re		altj	(State		
FUNERAL DIRECTOR	SSIGNATURE PICE	210	ADDRESS Lilai	w/	Place 240. REC'I	CT 2	RAR 24b. REGIS	STRAK'S SIC	SNATUI	RE	Fars	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FV RAL DIRECTOR: After this certificate has been signed by the attending physician and campletally by in by the funeral director, pogets should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. VS A15 (4) 15M 9/55

BUREAU V. S.

0CT 21 1557

BECEINE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10257 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN IIf outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits write RURAL and give negrest town) RURAL and give negres Jawn) d. STREET ADDRESS osewood NAME OF Middle 4. DATE Manth DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF 9. AGE (In years lost birthday) IF UNDER YYEAR IF UNDER 24 H Months Hours Days DIVORCED | WIDOWED [7] 2 0 yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMAN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (e). INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gove rise to immediate DUE TO cotise (a), stoting the underlying couse lost. PART U. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING [206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. [City or town] (County) (State) factory, street, office bldg., etc.) Hour a. m. While Not while at work of work p. m. 21. I certify that I attended the deceased from That I last saw the deceased and that death occurred at 4:15 BM, from the causes and on the date stated above. ADDRESS (Street) city or town, she ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. | 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE ZNA. REC'D BY REGISTRAR 15M 9/55

CONTINUATE OF DEATH

BUREAU V. S.

COT 15 1967 - 1 190

DECENTED

10258

Rea. Dist. No.

e. IS RESIDENCE

ON A FARM?

YES NO NO

Year

19

JE UNDER 24 HRS

Baltimore

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

mos.

PERFORMED? YES TO NO

(Stote)

(County)

Months

22d. LOCATION (City, lawn, or county) (State) ardens 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

0 VS A15 (4) PERTIFICATE OF DIVATE

BUREAU V. A.

OCT 28 1957

BECEIVED

CERTIFICATE OF DEATH

10259

	102	79	CERTI	FIC.	ATE/OF DEAT	H		Reg. Dist	L U A	100
1. PLACE OF DEA	Baltimore		MARY	(LAND	2. Mal RESIDENCE (V	Where decease	d lived. If institution b. COUNTY	n: Residence		ission)
RURAL and	WN (If autide carporate lim give nearest tawn) CNSVIIIO	its, write	c. LENGTH OF STAY		Linkn own	f outside carpa	orate limits, write Ri	URAL ond gi	ve nearest to	wn) V
	HOSPITAL (If not in hospital,		SPITAL		d. STREET ADDRESS	ı			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Irving	ref	Middle Emers		Amos	4. DATE OF DEATH	Octob		Day 3	Year 19 5
5. SEX male	6. COLOR OR RACE	7. MARR	DIVORCE		8. DATE OF BIRTH 10-30-1900		9. AGE (In years last birthday) 56 yrs.		YEAR IF UN	DER 24 HRS.
100. USUAL OCCI during most o Watchma	UPATION (Give kind of work of working life, even if retired I)	done 10b.	KIND OF BUSINESS C	R INDU:	Marylan				U. S.	
13. FATHER'S NAM	unknown				14. MOTHER'S MAIDEN					
IS. WAS DECEASI (Yes, no. or unknown) 1917	EDEVER IN U. S. ARMED FOR	ervice)	19-05-4231		cords: SPRI	NG GR	OVE STAT		SPITAL	
Canditians gave rise cause (a), st tying cause	if any, which ta immediate lating the under-	Art		tic	cardio v ascul					
3	II. OTHER SIGNIFICANT CON				NOT RELATED TO THE TERM			EN IN PART	PERF	S AUTOPSY FORMED?
20c. TIME OF			UURY OCCURRED Nat while	20e. PL/	CE OF INJURY (Home, for tary, street, affice bldg., e	rm, 20f. (City		(Co	ounly)	(Stale)
21. I certicalive an_	fy that I attended the Oct. 3	decease , 19_		death	accurred at 8:45		n the causes a	nd an the	e date sta	ted above
PHYSICIAN'S NAME (Type) 22a. BURIAL CRE	MATION 226. DATE THEREC		M. D.	ETERY O	Catonsvil		Maryland		(51)	ote)
REMOVALIS	CTOR'S SIGNATURE	フィ	ADDRESS ADDRESS	4	Used - Fahrol	13	altimo	re 1	Tust.	
23. FUNERAL DIRE	CIOR 3 SIGNATURE		VDD#622			OCT 1 4		TRAR'S SIGN	Ne TURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 in by the funeral director, and 2 should be filed with moy be retained by the hospital ar attending physicion.

TO FULTEAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely pog hould be detached for use as the buriol-transit permit. Then please remove carbon papers. Pag the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

CERTIFICATE OF DIAGRA

EUREAU V. E.

OCT 15 1957

BECEINED

-		Keg. Dist. 140.	
	Place of Death COUNTY Baltimore County MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befor Maryland. Barumore	e admission)
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest lawn) Timonium, Balto.Co., Md.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give near Timonium	rest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 19 Edgemoor Road, Timonium, Md.	d. STREET ADDRESS 19 Edgemoor Road	ON A FARM?
	NAME OF First Middle Processed (Type or print) Younger Ar	nold 4. DATE Month Don DEATH October 19	Yeor 19 57
	Male White WIDOWED DIVORCED	8. DATE OF BIRTH May 30, 1878 9. AGE (In years lost birthday) 79 yrs. Months Days	Hours Min.
	Oc. USUAL OCCUPATION (Give kind of work done) during most of working life, even if refired) Carpenter Building	Hereford, Md. U.S.	F WHAT COUNTRY: A •
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	WILLIAM Stewart Arnold 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 8 795. no. or unknown) (If yes, give wor or doles of sarvice) 577-09-0017	1/10/	gemoor R
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If ony, which gave rise to immediate couse (a), stating the under- lying couse last. CA CULL ON (b) DUE TO (c)	a J Bladder	
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	P. WAS AUTOPSY PERFORMED? YES NO
_		D. (Enter nature of injury in Part 1 ar Part II af item 18.)	
	20c. TIME OF INJURY Month, Day, Year Mour a. st. P. While Not while at work at work	ACE OF INJURY (Hame, farm, 20f. (City or lawn) (County) clary, street, affice bldg., etc.)	(State)
	21. I certify that I attended the deceased from OCF I alive on OCF 19th , 1257, and that death SIGNATURE M. X. Quinn	occurred at 1.30 P.M. from the causes and an the dat ADDRESS (Street, city or town, state) M.D. 1927 YOUL R.D. TITONIO	e stated above. DATE SIGNED
	PHYSICIAN'S M KEUIN QUINN	H3.	
1	20. Burial, Cremation, 22b. Date thereof 22c. Name of Cemetery of Removal (Specify) Oct. 23.1957 Foster Ce		(State) nd •
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1050 YOU	24g. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATUR	E

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

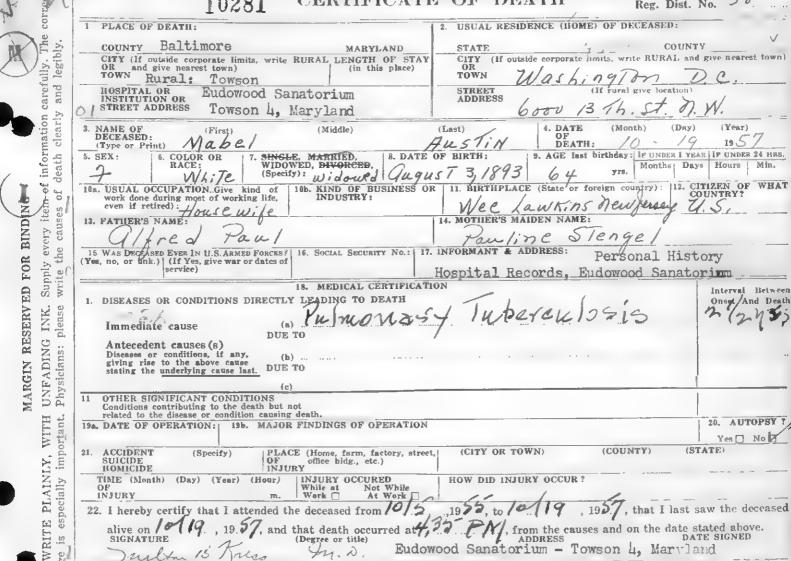
TO FUNDAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill in by the funeral director, page with a detached far use as the buriol-transit permit. Then please remove carbon papers. Page and 2 shauld be filed with the registror prior to burial, cremation, or remayol, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

BUREAU V. S.

CERTAIN A SECURITION

OCT 23 1957

BECEINED



Sanatorium - Towson 4, Maryland

BURIAL, CREMATION. LOCATION (City, town recenty) (State) NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Fort Lincoln Cemetery ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FUNERAL DIRECTOR

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BUREAU V. S.

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FUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

EUMEAU V. S.

director E e funeral old be fi pluods executed within 24 on popers. death. pup physician ottending

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RUEEAU V. S

TO AUSTOSIA

1	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18 10266
THE M	10286 CERTIFICA	ATE OF DEATH Reg. Dist. No. 32
Page A filed with	1. PLACE OF DEATH o COUNTY	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o STATE O D LIVE COUNTY O COUNTY
E E E	Bal timo re County MARYLAND	MAKYLAND DALTO
r death funeral	b. CITY OR TOWN (If autside corporate limits, write surface days necrest town). Nt. WILSON, Ma.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
after the short	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS o. 15 RESIDENCE ON A FARM?
ours od 2	Mt. Wilson State Hospital	ZZZ/ EUTAW PLACE YES NO
n 24 ho	3. NAME OF DECEASED (Type or print) CHARLES HENR)	Y BAUER 4. DATE Month Day Year OF DEATH 10 28 1957
d withing pletely	MALE WHITE WIDOWED DIVORCED BY	8. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. 11.21.183 Months Days Hours Min.
and campon papers refers to death.	Too. USUAL OCCUPATION (Give kind of work done tob. KIND OF SUSINESS OR INDUSTRING MOST OF WORKING LIFE MAKER	STRY 11 BIRTHPLACE (State or foreign country) GERMAN Y (2 CITIZEN OF WHAT COUNTRY? U. S. A.
3 645	73. FATHER'S NAME KARL BAUER	REGINA STICKHAN
certificate ng physicia remove co	Was on as unknown). By use and use of course.	ospital Records, Mt. Wilson State Hospital
death thendir please vithin	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	INTERVAL SETWEEN ONSET AND DEATH
he de att	PART I. DEATH WAS CAUSED BY: HEMOPT	YJIS
es that the control of the control o	I gave rise to immediate (ED PULMONARY TUBERCULARY 3 YEAR
requir	couse (a), stating the <u>under-lying couse last.</u> DUE TO (c)	
physic nas bee rial-tra naval,	SA S	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
IAN: T rending ficate of the bur		O (Enter nature of injury in Part f or Part It of item 18.)
PHYSIC al or atl his certi use as emotion	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED to Mour o. m. While Not while for p. m. 19 of work at wark	ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State)
Spite the the defer the creat creater the	21. I certify that I attended the deceased from 3 - 2.	-, 1954, to 10 - 28, 1957, that I last saw the deceased
END)	alive on $10-28$, 1957, and that death	occurred at 5eLOP.M, from the causes and an the date stated above.
A ATT ATT RECTO BE Get by 1 be det rior to	ACTUAL William Newcomer	ADDRESS (Street, city or town, stote) Mt. Wilson, Maryland Mt. Wilson, Maryland
rTAL C	PHYSICIAN'S NAME (Type) William Newcomer, M. D., Super	intendent
tosp y be	220. BURIAL CREMATION, 226 DATE THEREOF 22C. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (C ly. lown, or county) (Stole)
0 0 0 dd	Bring Worland	emortal Salumon mol.
VS A15 (4) 15M 9/55	Rela Viriedefeld 900 E. Biddle	St. Paris I 95 / Darothy Hewell
	V	6,57

guerau v. s.

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OF AUTOSIO

Maryland

DATE

VS. A15ME(5) SM 9/SS

INTERVA, BETWEEN ONSET AND DEATH INSI

WAS AUTOPSY

NO EL

(Stote)

PERFORMED? YES 🔲

DATE SIGNED

(Stote)

e. IS RESIDENCE

Year

(1)

ON A FARM? YES NO DI

19 57

BUREAU V. S.

SECENAL!

4		MARY	LAND	STATE DEP	ARTME	ENT OF H	EALTH	I—BAL	TIMORE,	18	4.0	588	2
		10	288	CERT	IFICA	TE OF D	EATH	1		Reg.	LU Dist. No.	203	3
	COUNTY B	alto.		MAR	YLAND	o. STATE	Md.	era decease	d lived. If instit b CQUN		dence before		on)
	CITY OR TOWN (I RURAL and give no Reister		nits, write	c. LENGTH OF STATE				utside corpo	prote limits, write VN	RURAL or	nd give near	rest town	
	name of hospit or institution Church	Rd •	give street o	address)		d. STREET A	rch :	Rd.			-	ON A	FARM?
DEC	ME OF CEASED pe or print)	John F	irst E	Middl dga r	e	Bennet		4. DATE OF DEATH		ionth	27 ^{Day}		9 57
	Male	6. COLOR OR RACE White	WIDOWE	- Land	ED 🔲 A		1893		9 AGE (In year last pirthday 64 y) Month	Days Days	Hours	R 24 HRS. Min.
	Plumer	ON (Give kind of work king life, even if retire	done 10b, I	KIND OF BUSINESS	OR INDUST	We	st V	irgir		12.	CITIZEN OI	SA	COUNTRY
	THER'S NAME John Be								Haines	3			
Yas, no		R IN U. S. ARMED FO (It yes, give wor or stores of NO	tervice)	SOCIAL SECURITY NO 6-05-568		S Alic	eB.D	osh	Balti	imore	,Md.		
9	PART 1. DEA # 4	mmediote (5/	n for (a), (b), and (c)	_	- Par	ter	·l -	lift		INTE	RVAL BET ET AND	WEEN DEATH
CATION		IER SIGNIFICANT COI								GIVEN IN P	ART 1(a) 19	PERFOR	UTOPSY RMED? NO 📆
	R CONTRIBUTING FEITHER, NOTIFY c. TIME OF INJUR Hour o. j., p. m.	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yo		FIBE HOW INJURY	20e. PLA	CE OF INJURY (Fory, street, office	lome, form	, 20f. (City			(County)		(State)
21 of AC SIG		at I attended the	ne decease 195 M	ed fram belieb	it death	accurred at		M, fran	27, 195 in the causes treet, city or tow	and an	l last sa the date	e state	deceased d abave TE SIGNED
	URIAL, CREMATIO EMOVAL (Specify) UT 181	Oct 30	0F /5 7	Mt. O	_	CREMATORY			TION (City, town	·	-	(Stote)
	.F.Elin	s signature le & Sons	Reis	ADDRESS sterstown	n,Md.			BY REGIST	IRAR 245 RE		SIGNATURI		ine

TOO TOO

1. PLACE OF DEATH

· COUNTY

3. NAME OF

5. SEX

DECEASED

remale

(Type or print)

13. FATHER'S NAME

20c. TIME OF INJURY Month, Hour o. m.

While Not while at work of wark

factory, street, affice bldg., etc.)

and that death accurred at 11:30 M, from the causes and an the date stated above.

21. I certify that I attended the deceased from 9

ADDRESS (Street, city or town, state) New Freedom, York Co., Pa. 10/23/57

PHYSICIAN'S Louis Schatanoff NAME (Type)

220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify)

22c. NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, town, or county) (Stote)

240, REC'D BY REGISTRAR

ta_10/22/57_19___that I last saw the deceased

Hartord Road

ofter death, funeral

within 24

ofter physicion

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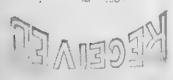
BUREAU V. S.

death:

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within

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



2 .V UAZAUR

within 24 haurs

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE		10291 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND 2 USUAL RESIDENCE (Where decoased lived. If institution: Residence before admission) O. STATE MARYLAND D. COUNTY BALTIMORE
rector.		D. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest fawn) ond give nearest fawn) TOWSON d. NAME OF HOSPITAL OR INSTITUTION (final in hospital, give street address) d. STREET ADDRESS e. IS REFIDE. F.
r is ner eral di red fo e Boa th.		214 WASHINGTON AVE 214 WASHINGTON AVEYES NO B
the fun		NAME OF DECEASED (Type or print) Harry F. Bralls Death Oclober 6 1957
iff. If ar and 3 to 2 with hours of	5. 5	Male White WIDOWED DIVORCED FEB-10, 1903 5 Tyrs. Mariha Days Hours Min.
Free Red 11, 2, o 11, 2, o 1, 2, o 1, 2, o 1, o 1, o 1, o 1, o 1, o 1, o 1, o 1	2	USUAL OCCUPATION (Give kind of work done 10th, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. BIRTHPLACE (Stole or foreign country) 14. MOTHER'S MAIDEN NAME
Poge Poge		HARRY-F-BRATTEN-SR ISABEL PERCY
S. Giv with for air. Fil		NO 1 you are and of deleter of terrical 215/10-5392 WM A. PAYNE-32 DOGWOOD 1R-TOUSE
item litem land will be made it and it		18 CAUSE OF DEATH [Enter only one cause per line for (o) (b), ond (c)] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OYONAY! / hyombosic Success ONE TO MAY ! / hyombosic
in pencil in in pencil in er's Office burial-trons ar remaval		Conditions, if ony, which gave rise to immediate cause (b) DUE TO DUE TO DUE TO DUE TO DUE TO
icale sha rending" al Examin al Examin est os a remation,	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
word "p word "p Medic utid be urid, co	CERTIFIE	206 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Irem 18.)
NEW: The ng the vise Chief	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a. m. While Not while at work of work of work
EXAMILE, writh the fact to fact to fact to fact to fact the fact to fact the fact th		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner
tertificati farwords DIRECTO		ACTUAL SIGNATURE Of GLOS FORMER SIGNATURE CHIEF MEDICAL EXAMINER DE BATE SIGNATO
design		EXAMINER! ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER D
executed by the state of the st	220	BURIAL CREMATION. 226 DATE THEREOF 226 NAME OF CEMETER OR CREMATORY 278 LOCATION (City town, or county) (Stole) BURIAL OCT. 10,1957 EAST NEWMARKET EAST NEWMARKET - 191) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REC'D BY REGISTRAR'S SIGNATURE
/S A15ME 5M 2/57	V	UM COOK-TOWSON, INC - TOWSON 4. MIDDATE 16/7/57 Matel Gray

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ETTEND V. S.

DIVIDE C

10273

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY AND b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn RURAL and give nearest town) YEARS CHTONSVILLE d NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE ON A FARM? OR INSTITUTION SPRIT ROVE YES NO NAME OF 4. DATE Month Year DECEASED OF DEATH (Type or print) 19 5 6 COLOR OR RACE 7. MARRIED SATEVER MARRIED 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED | DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or fore on country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Assemble m d 77 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT CIUZTE 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary abscess IMMEDIATE CAUSE (a) DUE TO Canditians, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 179, WAS AUTOPSY CERTIFICATION PERFORMED? YES 🗗 NO 🖂 206 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Hame, form, 20f (City or town) 20c. TIME OF INJURY Month. 20d INJURY OCCURRED (State) (Caunty) factory, street, affice bldg, etc.) Haur a, m Not while at work at work 24 1953 to Uct 14, 1957, that I last saw the deceased 21. I certify that I attended the deceased fram Dec. 19.57, and that death occurred at 1140 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE HOSPITAL STATE Stella Wachsler, M. D. PHYSICIAN'S Catonsville 28, Maryland NAME (Type) 270 BURIAL CREMATION 226, DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 240. REC'D BY REGISTRARY 246 REGISTRAE'S SIGNATURE

the funeral shauld be fi haves after death. with'n 24 campletely pup requires that the death certificate DIRECTOR: HOSPITAL 0

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10293 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o COUNTY filed , . COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If guiside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) owson orvson d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TO 3. NAME OF Middle 4. DATE Day Yeor DECEASED DEATH (Type or print) 19 5 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH last birthday) Months Days Min. Hours WIDOWED | DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 111, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if replied) Baltimore 10,4 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME mave 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address TB. CAUSE OF DEATH [Enter only one couse per line for (p), (b), and (t). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) my or Wall DUE TO Conditions, if gay, which ? gove rise to immediate **DUE TO** Sacars cottse (a), stating the underronary Varietherence lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART TIO 119 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) While a. m. Not while ot work T of work 21. I certify that I attended the deceased fram Hark 192 Lithat I last saw the deceased , and that death accurred at 1100 M, from the causes and on the date stated above. ADDRESS (Street_city or town, stote) DATE SIGNED ACTUAL SIGNATURE 置 Ф 220. BURIAL CREMATION. 22b, DAJE THEREOF 22c. NAME OF CEMETERY OR GREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) bod Umelu surve O 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS (24b REGISTRAR'S SIGNATURE 24a REC'D BY REGISTRAR VS A15 (4) DATE 15M 9/55



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VS A15 (4) 15M 9/SS H

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		102	34	CERTIF	ICA	TE OF DEATH			Reg. Dist	. No.	77
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ь		outside corporate limi	ls, write	c. LENGTH OF STAY IN	11Ь	c. CITY OR TOWN (If au		rate limits, write R	URAL and gi	ve nearest taw	n) «
	Owings M	lls Marv	land	39 yea	rs	Baltimore	e. Ma	ryland	3v	21-4	
•	OR INSTITUTION	VL (If not in hospital, g	ive street o	address)		d STREET ADDIESTING	erly (of		e. IS RES	FARM?
		ate Trainir				723 Dolphi) NO 🗖
0	NAME OF DECEASED Type or print]	Fin		Middle	•		4. DATE OF DEATH	Mor			Year
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	Female	White	WIDOWE		100	2/28/97		last birthday)		Pays Hours	Min.
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3. 1	FATHER'S NAME			. /-		14 MOTHER'S MAIDEN NA					
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(Yes,		f yes, give wor or dates of s				osewood Reco	wi a				
Ī	18 CAUSE OF DEAT	TH [Enter only one ca	use per lic	ne for (a), (b), and (c)		osewood taech,	rus	····		INTERVAL BE	TWEEN
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רבאווגונ	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	UNDERLYING DEATH	20b. DES	ERIBE HOW INJURY GO	CURRED.	(Enter nature of injury in Pa	·				
	20c. TIME OF INJURY				Oe. PLAC	E OF INJURY (Home, farm,	201 (City	ar tawn)	ĮCo	ounty)	(State)
MCDICA	Haur a.m. p.m.	19	While at warl	k Not white	raciai	ry, street, office bldg , etc.)					
	21. I certify the	at I attended the	decease	ed fram		, 19, lo		, 19	,that I lo	ist saw the	deceased
ı	alive on		19	, and that c	death a			n the causes o			
ı	ACTUAL -1	1 220	6	Butles		10 457 A	DDRESS (S	treet, eltyror lawr.	state)	1 - 2 / -	ATE SIGNED
-	SIGNATURE		<i>y</i> - 4	7500, 500	м	D	-/		<i>f</i>	Z L 0/3	Ω/57
ł	NAME (Type)					- Rosewood	State	-Trainin	z Schoo	n]	
22a.	BURIAL, CREMATION REMOVAL (Specify)	N, 226 DATE THEREO	F	22c. NAME OF CEMET	ERY OR C			TION (City, tawn,	w	(Stat	e)
	Burial	10/31/57	7	Iorrai n	e Cei			odlawn,			
23. 1	FUNERAL DIRECTOR'S		m (ADDRESS		24o. REC'D	BY REGIST	TRAP 245 RES	STRAR'S SIGN	NATURE	5
	WM. J. T	CKNER & SC	INS (L	Balto	•, 1	7. Md. DATE	130	12 / //	lary	olen	up

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10297

CERTIFICATE OF DEATH

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									Keg, Disi	. 140.	
PLACE OF DEATH COUNTY Balt:	imore		MARYLAN		USUAL RESIDENCE o. STATE Maryl	· .	e deceased	lived. If matitute b. COUNTY		e befare oc	lmission)
	(If autside corporate limi neares) tawn)	is, write	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN		side corpora	te limits, write R	URAL and gr	ve negrest	lawn)
	Howard		6 Days		Balti	more	_	5 V	-1.	14	
d. NAME OF HOS	PITAL (If not in haspital o	trat:	oddress) ion Hospital		d STREET ADDRE	55		Avenue		e. IS	RESIDENCE IN A FARM?
3 NAME OF DECEASED	Fir	s)	Middle		Lost	4	I. DATE	Mar	19/1	Dov	Year
(Type or print)	SPENC		M.		CAIN		OF DEATH	October		7	19 57
5. SEX	6. COLOR OR RACE	7. MARE	RIEDE NEVER MARRIED	B. D.	ATE OF BIRTH		9	AGE (In years last birthday)	IF UNDER 1		INDER 24 HPS
Male	Colored	WIDOW	ED DIVORCED	I	December	20,1	1916	40 yrs.	Months	Days Ha	urs Min
10a. USUAL OCCUPA	TION (Give kind of work	done 10b.	KIND OF BUSINESS OR IN					intry)	12. CITI2	ZEN OF W	HAT COUNTRY?
Laborer	arking life, even if retired		Parking Lot		Baltimo	re,	Maryl	and	U.	S. A.	
13. FATHER'S NAME				1.	MOTHER'S MAIL						
Charles (Cain				Eleanor	Joh	nson				
15. WAS DECEASEDE	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	INFO				Add	rest		
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	EATH [Enter anly one co		ne far (a), (b), and (c).}	<u> </u>	بالدو وساساهما	U . ALL		Via Velidig !		LINTERVA	L BETWEEN
	EATH WAS CAUSED BY: IMMEDIATE CAUSE (or		RT FATTURE								AYS
4-34.0	DUE TO			nior	077						
Canditions, if	any, which)		DIAGNOSED DIS	EASE	OF THE	TONG	35			UNK	NOWN
gave rise to	immediate (Duc To									-	
Couse (a), stating cause los	d the huder-)									
Z PART H. C	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH I	BUT NOT	RELATED TO THE	TERMINA	AL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. W	AS AUTOPSY
Rheuma	toid Spondy									PE	RFORMED?
20a. ACCIDENT Y	WAS UNDERLYING [] IG CAUSE OF DEATH FY MEDICAL EXAMINER)		CRIBE HOW INJURY OCCUI			ry in Par	I or Part I	l of ilem 18)			
20c. TIME OF INJU	19	While	NJURY OCCURRED 20e. Not while t of work	PLACE foctory,	OF INJURY (Home, street, affice bldg	, farm, ., etc.)	20f (City o	r lown)	(Co	ounty)	(State)
21. I certify	thor aftended the	deceas	ed from October	1.	. 1957 . to	Oct	ober	719 だ	7. HOUNE	ASTA PHYSAL	14 12 6 24 6
			XXXX, and that dec								
100000000000000000000000000000000000000								el, city ar lawn,		- 4012 3	DATE SIGNED
ACTUAL SIGNATURE	10000	_d	· Tibic	M.D.	YAH, FO	ORT	HOWAR	D. MARYI	LAND		10/7/5
anvelet a bre	GEORGE J PI	PIS		_M.							
220. BURIAL, CREMAT REMOVAL (Special DUTIA)	100, 22b. DATE THEREO 10-10-57	F	Baltimore			2		ON (City, town, imore, 1			(State)
23. EUNERAL DIRECTO	OR'S SIGNATURE	_	ADDRESS		240.	REC'D E	Y REGISTR		STRAR'S SIGI		114
Charles R	Law Mortu	ary 8	02-0lMadison	Av	Balto	hr.	0_1	007	awas	211	Jark
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VS A15 (4) 15M 9/55

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CERTIFICATE OF DEATH 10298 Rea. Dist. No. be filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) death' Page Baltimore County b. COUNTY MARYLAND MOR b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURA), and give negrest town) MEAL ON PITE POSTES! MOT IM OR E should e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS ON A FARM ULASKI Mt. Wilson State Hospital YES NO P 4. DATE NAME OF Middle DECEASED 195 JOSEPH AR OLAN DEATH (Type or print) OHN AGE (In years IF UNDER 1 YEAR IF UNDER 24 HJ 6. COLOR OR RACE MARRIED A NEVER MARRIED 8 DATE OF lost birthdoy) Days Months DIVORCED [WIDOWED | O 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) ABOR offer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician ġ requires that the death certificate WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Hospital Records. Mt. Wilson State Hospital ottending 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH RONCHOFENIC CARCINOMA PART I. DEATH WAS CAUSED BY-1600 X DUE TO á Conditions, if any, which been signed transit permit gove rise to immediate DUE TO couse (a), slating the underlying couse lost. burial-transit (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO [200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRISE HOW INJURY OCCURRED, [Enter nature of injury in Port I or Port II of item 18.] 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20c TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED. (Stole) [County] factory, street, office bldg., etc.) Hour o.m While Not while al work at work 5 7that I last saw the deceased I certify that Lattended the deceased from. and that death occurred of 1440 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED Wilson, Maryland ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) William Newcomer, M. D., Superintendent 220. SURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) New Cathedral Constery Baltimore. Burial 0 23. FUNERAL DIRECTOR'S SIGNATURE Paul St. 240. REC'D BY REGISTRAR & TOUS REGISTRAR'S SIGNATURE 1217 St. Wm. Cook, Inc.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECEIVED

JCL T# 1025

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IS RESIDENCE

ON A FARM?

Year

IF UNDER 24 HRS

same INTERVAL BETWEEN

Months

6 Months

(State)

WAS AUTOPSY PERFORMED? YES TO NO 17

(Stote)

ONSET AND DEATH

12. CITIZEN OF WHAT COUNTRY?

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Reg. Dist. No.

IE LINDER LYEAR

H.S.A

ABOUT

(County)

ABOUT PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 1957, that I last saw the deceased , and that death occurred at 8:00p.M, from the causes and on the date stated above. 22d LOCATION (City, tawn, or county Baltimore, Mary Harrord Koad

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 184

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W 3.5		L	10300 CERTIFICATE OF DEATH Reg. Dist. No. 32
Poge director		1.	PLACE OF DEATH a. COUNTY D. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
r death: funeral			b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest fown) 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
ors afte by the d 2 sho	A		d. NAME OF HOSPITAL (If not in Mospital, give wheel oddiess) OR INSTITUTION 2410 MILLER QUE 6. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
n 24 ho		3.	NAME OF DECEASED (Type or print) PRIAMONA, (1) Chamberland DEATH OF GENTH OF 1957
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sicion a re corb	B		Steame Chamberlain Katherial Deviler
h certifi ing phy e rema 72 hou	2	1.0	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT . Address (If yes, give wor or dates of service) If JUSTICIAL Committee 2414 Smith life (2)
te deotl			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Frailure (Mycardib) Anyo
that the liby the sit. The oy even			Conditions, if any, which) B) arteriosclerate C. V. Desease 10-15 year
on. sit pern			gave rise to immediate couse (a), stating the <u>under-lying cause last.</u> Course Course
physici physici nos beer riof-fron novof, c		CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO
tending ificote the bu		L CERTIFIC	20s. ACCIDENT WAS UNDERLYING COURSED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC of ar al this cert r use as		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour e. gs, 19 20d INJURY OCCURRED While Not while at work at work at work 19 20d INJURY (Home, farm. 20f. (City or town) (County) (Stote)
NDING e hospil : After iched fo urial, ca			21. I certify that I attended the deceased from Oct 2, 1957, to Oct 9, 1957, that I last saw the deceased alive on 1257, and that death accurred at 5,200 M, from the causes and an the date stated above.
R ATTE	Ç de		ACTUAL Slent F. Coolabaumo 4201 Willeur (Ive 10/10/27)
retaine retaine AL DII			PHYSICIAN'S JOHIU F. COOLAHANIM.D.
moy be poje		2	0. BURIAL CREMATION, 226. DATE THEREOF 22- HAME OF CEMPTERY OF CEM
VS A15 (4) 15M 9/55	b	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS: ADDRESS: ADDRESS: DATE 1 1 10 17 Novothy Registrar's SIGNATURE DATE 1 1 10 17 Novothy Registrar's SIGNATURE
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, and a second
location)
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(Day) (Year)
er 11 19 57

TOWN Baltimore STREET (If rural, give ADDRESS 709 Calhoun Stree (Last) 4. DATE CHAPMAN DEATH Octob 9. AGE last birthday: If under I YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH: Months Days Hours 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? South Carolina U.S.A. 14. MOTHER'S MAIDEN NAME: Julia Avery 17. INFORMANT & ADDRESS: Clin. Rec. Vets. Admin. Hospital, Ft. Howard, Md 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH (a) FRACTURES OF PELVIS AND RIGHT FEMUR. LACERATION OF L DAYS 20. AUTOPSY? Yen I No

COUNTY

2. USUAL RESIDENCE (HOME) OF DECE

CITY (If outside corporate limits write R

STATE Maryland

NAME OF CEMETERY OR CREMATORY

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. LOCATION (City, town, or county)

(County)

Fell out of 3rd story window

(State)

DATE SIGNED

Drucilla Church Cemetery C Charles R. Law Funeral Home, 802-04 Madison

Avenue, Balto., Md.

21c. (City or town)

Baltimore, Maryland

Z .V U.L.

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A hour		NAME OF DECEASED		First	Middle		lost	4. DATE OF	Month	HVE	Year Year
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require 2n. 1 signed sit per nd in a		gove rise to codse (a), statin lying couse los	g the under- DUE 1	(c)							
physicie physicie as beer ial-tran aoval, a	CATION	PART II. O	THER SIGNIFICANT CO	INDITIONS CONTR	BUTING TO DEATH	BUT NOT RELATED	TO THE TERMIN	AL DISEASE CON	IDITION GIVEN		WAS AUTOPSY PERFORMED? YES NO
Ficate Fire bur or rem	CERTIFI	200. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING GC CAUSE OF DEATH Y MEDICAL EXAMINER	20b. DESCRIBE	HOW INJURY OCCU	RRED. (Enter notu	re of injury in Po	ort I or Port II of	item 16.)		
PHYSIC ol or off his certifus use as emotion	MEDICAL	20c. TIME OF INJU Hour a. m p. m			Not while	PLACE OF INJUI factory, street, o	RY (Home, form, office bldg., etc.)	20f. (City or to	wnj	(County)	(State)
DING hospite After 18 thed for rich, cre			that I attended th	e deceased fr	am 3-25	, 19.5	7.10 0	419.	., 19.5/1	nat I last sav	v the deceased
ATTEN by the by the cCTOR: e detoc		ACTUAL 7		117	2	oin accurred	AA / M	.M, Fram the DDRESS (Street, c	ity or town, it of	an the date	stated abave. DATE SIGNED
ALOR etained uld bire rar prio		PHYSICIAN'S NAME (Type)	Eluper	OF	Nove		oot th	men	9-101	TACL A	Junkukh Va
HOSPIT Oge Co	L	BURIAL, CREMAT		OF 22c.	NAME OF CEMETER	OR CREMATOR	r , , ,	rzd. LOCATION (City, town, or co	ounty)	(Stole)
5 E 5 g E	23.	BURIA UNERAL DIRECTO	L 10-16	-57,5	ACRED	EART		<u>1401GE</u> by registrar	RMAN 246. REDISTRA	R'S SIGNATURE	MD.
VS A1S (4) 15M 9/55	ينط	charles	S. Ferler	BAL	TO ,24,	MD.	DATE /	715/57	Edu	the Au	rley
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V261 9 1 100

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 110285

10304 CERTIFICATE OF DEATH

Reg. Dist. No.

		p = _ = _ =
I. PLACE OF DEATH:	2 USUAL RESIDENCE (HOME) OF DECEASED:	40"
county Baltimore MARYLAND	STATE Maryland coun	NTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL s	ind give nearest town)
Town Rural: Towson (in this place)	OR TOWN Baltimore 30	
HOSPITAL OR Eudowood Sanatorium	STREET (If rural give location	1)
STREET ADDRESS Towson 4, Maryland	2253 Cedley Street	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (DR	
(Type or Print) Gary Dean	Clark DEATH: 10 2	
RACE: WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday: IF UNDER 1	
Male white (Specify): 6-4	1/55	
10s. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	OR II. BIRTHPLACE (State or foreign country): 12. Maryland	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Lonnie Clark	Susan Clark	
15 WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO.: 17	7. INFORMANT & ADDRESS: Personal Histo	````
(Yes, no, or unk.) (If Yes, give war or dates of service)	Hospital Records, Eudowood San	
18. MEDICAL CERTIFICAT		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
754.4 Carlels	sian Junknown epiology -	51/2. Luc
Immediate cause (a)	and the same of th	0/2 -/-
Antecedent causes (s) Diseases or conditions, if any, (b)	PNEUNINIA	(7)
EIVINE TIME OF THE SPOYE CAUSE		
(c) (ENGENITAL	Acrtic and mitral VAIVE defect	Congeniew
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY T
		Yes No 🎉
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stree OF office bldg., etc.)	et, (CITY OR TOWN) (COUNTY)	STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m. Work □ At Work □	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	8 19 57 to 10 = 25 19 57 that I last	saw the deceased
SIGNATURE (Degree or title)	ADDIADOO	
23. HURIAL, CREMATION, DATE THEREOF NAME OF CEMETI REMOVAL (Specify)	Eudowood Sanatorium, Tows	ounty) Mo (State)
Burial Continue Continue Burial Continue Burial Continue	Baltimore, Md.	* Address
	Wm. Cook, Inc. 1217 St. Paul	
MINTER THE TOTAL MANUEL MANUEL	ME COOK, INC. ICII ST. PRUL	3 60

BUREAU V. S.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1020

0305	CERTIFICATE	OF	DEATI

Reg. Dist. No.

dente.											
1. PLACE OF DEATH 6. COUNTY	Baltimor	е	MAR	YLAND	2 USUAL o. STAT	RESIDENCE (WH		ed lived. If institu b. COUNT	Y	imor e	
RURAL and give n	If outside corporate limit earest town) Marsh	s, write	c. LENGTH OF STAY	r IN 16	c. CITY	OR TOWN (IF o		orate limits, write	RURAL and gi	ive nearest i	lown)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g Box 652 Fo:	ve street	oddress)		d. STRE	ET ADDRESS			2.1	0	RESIDENCE N A FARM?
			: :: : : : : : : : : : : : : : : : : :			P. O.		552 Forge	Rd.	YES	NO 🔯
3. NAME OF DECEASED (Type or print)	John			Clay	ton	lost	4. DATE OF DEATH		ber	Day 13.	Year 1957
5. SEX	6. COLOR OR RACE	7. MARR	IED A NEVER MARR	IED 🔲	B. DATE OF	BIRTH		9. AGE (In years last birthday)	IF UNDER 1	YEAR IF U	NDER 24 HRS.
Male	White	WIDOWE	DIVORCE	ED 🔲	Sept.	30, 188	31	76 yrs		Days Hai	urs Min.
100. USUAL OCCUPATION	ON (Give kind of work d king life, even if retired)	ane 10b.	KIND OF BUSINESS	OR INDU				country)	12. CITIZ	EN OF WI	HAT COUNTRY?
Retired-Ic	e Cream Mfg	E	Tce Crear	n		oward Co			T	S.A.	
13. FATHER'S NAME					14 MOTH	ER'S MAIDEN N	IAME				
J.	Wesley B.					Mary	Hilt	on			
15. WAS DECEASED EVE	R IN U. S. ARMED FORG	TES? 16.	SOCIAL SECURITY NO	D. 17. II	NFORMANT			Ad	dress		
No			None		Illian	B. Clay	ton_	Box 652	White	Marsh	. Md.
	ATH [Enter only one car	sa par lin	e far (a), (b), and (c)	9	ef.	-11	·L.	. /			L BETWEEN
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (of	0	NAPSY	WE	11	ay	Ja	un	2	73	Moul
4.20.0	DUE TO	0	100		0	4	-11		7 ~		.1
Conditions, if a		a	Tycero	N	Kend	uc	/al	arra	Dus.	100	1985
gove rise to i											1
lying couse last.	(c)										
PART II. OT	HER SIGNIFICANT CONI	ITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATE	D TO THE TERMS	MAL DISEA	E CONDITION GI	VEN IN PART	PE	REORMED?
E 200 ACCIDENT W	AS LINIDEDLYING D	206 DEC/	TRIBE HOW WILLIAM	dellane			2-11-12	6 NCOS	> /	YES	□ NO 🗗
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	200. DE30	- NIDE HOW PROKE	PCOKKE	D. LENIEL HOLL	ire or injury in a	ron i or Po	rj II OT IYEM 16.)			
20c, TIME OF INJUS Hour a, p. m.	RY Month, Doy, Yea		JURY OCCURRED	20e. PL	ACE OF INJU	RY (Home, farm	20f. (Cit	y or town)	(Co	ounty)	(State)
p. m.	19	While- at worl	Not while	1		- 1 6	1				
1	attended the	decease		6,	S, 19_	34100	di	13,195	/		he deceased
alive da	100	-, 19.	2mhd that	i death	accurred			m the causes	and an the	e date st	
ACTUAL SIGNATURE	Good o	1=0	/ fuch	000	N.o	. <i>j</i> =	O U	ilreet, city or lown	M	2	DATE SIGNED
PHYSICIAN'S NAME (Type)	chil	=/=	OR.D	1.	- 1	411D	SO	N'	FOI	PK.	MR
220. BURIAL, CREMATIC REMOVAL (Specify)			22c. NAME OF CEM			Υ	22d. LOCA	TION (City, town.		(:	Stote)
Burial 23, FUNERAL DIRECTOR	10ct. 16.	1957	ADDRESS	<u>. M.</u>	E.			Fork.	Md.	147100	
P. A. L. J. Z.	1 11			7,1	. 01	24g. REC'I	BY REGIS	TRAR 245. REG	ISTRAR'S SIGN	NATURE	5/
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physician

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10307 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY Baltimore MARYLAND Marvland b. CITY OR TOWN III outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Pikesville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Reisterstown YES NOX NAME OF DATE Middle Year DECEASED OF DEATH (Type or print) Ezekiel Jacob Colliver October 19 57 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS WIDOWED | Male DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Employer Finance Lithuania Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANI Address Baltimore Mrs. Pauline Colliver Reisterstov 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: 10minutes coronary occlusion IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which] gove rise to immediate cause DUE TO (a), stating the underlying @ arteriosclerosis couse lost. veare PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART HOLDS WAS AUTOPSY PERFORMED? SCHOOL STATE OF THE STATE OF TH NO. 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. NONE 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) MEDI factory, street, office bldg., etc.) of work none 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection [42], Inquiry [57], and find that death resulted fram: Natural causes 15, Accident 7, Suicide 7, Homicide 7, Undetermined cause DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S D.D. Caples. N.D. DEPUTY MEDICAL EXAMINER TO NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, fown, or county) REMOVAL (Specify) Chizuk Amuno Baltimore Maryland 23. FUNERAL DIRECTOR'S SIGNATURE

24c. REC'D BY REGISTRAR

24b. REGETRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

DEPUTY

ORAJESETA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 10308 Reg. Dist. No . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution_Residence before admission) o. COUNTY filed b. COUNTY more MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporale limits, write c LENGTH OF STAY IN 16 RURAL and give negrest town! ひいか d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 5-e wood YES 🔲 NO 👺 NAME OF 4. DATE Middle. Day Year DECEASED OF DEATH Dect (Type or print) 19 IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO B DATE OF BIRTH 9. AGE (In years lost birthday) 5. SEX Months Hours WIDOWED | DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign gountry) during most of Orking Life, even if retired) 12 CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S ofter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address HEW COLWELL NO 7406 EDSWORTH IRD 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c)] INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost (c). PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION, GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES NO D 700. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter hoture of injury in Port I or Part II of item 18. 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED (Stole) (County) factory, street, affice bldg., etc.) Hour a.m. While Not while at work all work 21. I certify that I attended the deceased fram. Lithat I last saw the deceased , and that death accurred at / M. fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S COYO NAME {Type} 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stole) O 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 [4]

A V UNATURE A V. S.

10309 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution) Residence before admission) o. COUNTY b. COUNTY Baltimore MARYLAND Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 36 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) the fune 18 Days Fort Howard Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS 20 Veterans Administration Hospital 8 N. Poppleton St. Pug NAME OF 4. DATE Middle Month DECEASED (Type or print) JOSEPH E. CONNELLY October within 9. AGE (In years S. SEX 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED TY 8 DATE OF BIRTH lost birthday) WIDOWED | DIVORCE D Male 10a. USUAL OCCUPATION IGive kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Baltimore, Md. Elevator Operator Bank 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Michael J. Connelly Melinda Grainer IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Clin Rec. Vet Adm Hosp. Ft. Howard, Md. 217-11-6268 Yes 18. CAUSE OF DEATH [Enter only one couse per tine for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY PULMONARY CONGESTION AND EDEMA: HYDROTHORAX IMMEDIATE CAUSE (o) RIGHT, XXXXX Conditions, if ony, which ASCITTES gove rise to immediate ARTERIOSCLEROTIC HEART DISEASE cause (a), stating the underlying couse last. burial-transit CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFIC 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) ő MEDICAL 20c TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc. Hour a. m While Not while at work | of work ADDRESS (Street, city or town, state) ACTUAL VAH Fort Howard Md. PHYSICIAN'S NAME (Type) CHIEN WEI LAN. M.D. VAH. FORT HOWARD. MARYLAND 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOJ 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Baltimore National Cemetery Baltimore. Maryland Burial O 23. FUNERAL DIRECTOR'S SIGNATURE 140. REC'D'BY REGISTRAT A 246. REGISTRAR'S SIGNATURE ADDRESS DATE Cowan & Son Hollins & Poppleton

Baltimore, Mayyland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10290/ Rea. Dist. No

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

HARMOGRA

LINKWOWN

PERFORMED? YES 🕢 NO 🗍

(Stole)

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

Days

U.S.A.

(County)

Months

e. IS RESIDENCE ON A FARM?

YES NO TE

Year

19

BULLY K

LUU AMERICA

Pi

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10310 CERTIFICATE OF DEATH

10291 44

PART COUNTY Baltimore		100								Reg. Dist.	No.		77
RURAL one, or the order of the owner owne	PLACE OF DEATH	timore		MARYL	AND	2 USUAL RESIDENCE STATE Mary	E (Where de	eased live	I If institution b. COUNTY	Baltin	before o	admission	n)
OR INSTITUTION Veterans Administration Hospital 2912 Woodland Avenue Veterans Administration Hospital 2912 Woodland Avenue Veterans Administration Hospital 2912 Woodland Avenue Veterans Administration Hospital 2918 Woodland Avenue Veterans Woodland Avenue	b. CITY OR TOWN RURAL and give r	(If autside carporate limits, pearest town) t HOWARD	, write					corporate l	-	JRAL and giv	e neares	t town)	÷
3. NAME OF DECEASED 1. 1. 1. 1. 1. 1. 1. 1	OR INSTITUTION	TAL (If not in hospital, giv erans Admini	stra	ddress) tion Hospit	tal			and A	venue			ON A F	ARM?
S. SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (in years including the content of the co	3. NAME OF DECEASED	First		Middle			- 0	F		th			
100. USUAL OCCUPATION (Cine kind of work dame) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (State or foreign country) 12. CITIZEN OF WHAT COUNTING Puring may of waxing in the event if retired) 13. MAS INCERSEDENCE 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. MAS DICEASEDENCE IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 17. INFORMANT 18. MOTHER'S MAIDEN NAME 18. MOTHER'							21.188	lo	II birIhday)				
Paul Converso Carnela Lombardi	100. USUAL OCCUPATI	ON (Give kind of work do	4		INDUST	RY 11. BIRTHPLACE)				OUNTRY
18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY. Canditions, if any, which gave rise to immediate couse (c), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) IP PREFORMED? YES TO ACCIDENT WAS UNDERLYING OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) OUT TO While of WAVE COURSED WHILE COURSED While of work of the work of the part of the part I (a) IV PART I (a) IV PART I (b) IV PART I (c) IV PART I (c) IV PART II (c) IV PART	13. FATHER'S NAME					14 MOTHER'S MAI	DEN NAME						
18. WAS DECEASEDEVER IN U. S. ARMED FORCES? 18 SOCIAL SECURITY NO 215-28-7832 Clin.Rec., Vet.Adm. Hospital, Ft. Howard, Maryland 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate couse (c). Stoling the under-lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 200 ACCIDENT WAS UNDERLYING CONTRIBUTION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CORONARY THROMBOSIS CONTRIBUTION CORONARY THROMBOSIS CONTRIBUTION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CORONARY THROMBOSIS CONTRIBUTION	Faul Conv	erso				Carnela	Lombar	di					
PART 1. DEATH WAS CAUSE BY. IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stoting the under lying couse last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 11. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1(a) PART 11. OTHER	Yes		ment.			FORMANT					i,Ma	ryla	ınd
Canditions, if any, which gave rise to immediate cause (a), stoling the under-lying course last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING COUNTRIBUTING COUNTRIBUTION COUNTRIBUTI		ATH WAS CAUSED BY.			EART	WITH CARL	DIAC TA	MPON	ADE		TSET D	AL BETY	VEEN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? TO ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CONTRIBUTING OR CONTRIBUTING OF CONTRIBUTING OR CONTRIBUTING OF CONTRIBUTING OR CONTRIBUTING OF CONTRIBUTION OF CONT		any, which) (b).	MY	OCARDIAL II	NFAR	CTION					3 D	AYS	
20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While of work	cause (a), stating	the under-	CO	RONARY THRO	OMBO	SIS					3 D	AYS	
20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour a.m. 19 White at work at work at work 21. I certify that Dattended the deceased from October 10 19.57., to October 11 19.57ther Conservation to the date stated about 1900 to the course and an the date stated about 1900 to the course and an the date stated about 1900 to the course and an the date stated about 1900 to the course and an the date stated about 1900 to the course and an the date stated about 1900 to the course and an the date stated about 1900 to the course and an the date stated about 1900 to the course and an the date stated about 1900 to the course and an the date stated about 1900 to the course and an the date stated about 1900 to the course and an the date stated about 1900 to the course and an the date stated about 1900 to the course and 1900 to the cour	PART II. OT		ITIONS C	ONTRIBUTING TO DEAT	TH BUT A	NOT RELATED TO THE	TERMINAL DI	SEASE CO	NDITION GIV	EN IN PART 1		PERFORA	MED?
21. I certify that Dattended the deceased from October 10 1957., to October 11 19.57 the Company to the course and an the date stated about 1957.		AS UNDERLYING 2 G CAUSE OF DEATH F MEDICAL EXAMINER)	POB. DESC	RIBE HOW INJURY OC	CURRED.	. (Enter nature of inju	ry in Port I a	r Part II af	item 18)				
otivace accompany accompany and that death accurred at 2:112A.M. from the causes and an the date stated about	ZOC TIME OF INJU Hour a.m. p. m.		While	Nat while				(City or to	mn)	(Co	unty)		(State)
	21. I certify t	hat Cattended the a	decease	d from Octobe	er I	0 19.57 to	Octob	er 11	19_57	atbacta	CO CO CO	XINOKINI MENDINE MENDIN MENDINE MENDINE MENDINE MENDIN MENDINE MENDIN MENDIN MENDIN MENDIN MENDIN MENDIN MENDIN MENDIN	SCIOSI
		200000000000000000000000000000000000000	XXXX	xXXXX and that a	death (accurred at 21					date		
SIGNATURE MIN 4 AND NAH, FORT HOWARD, MARYLAND 10/11/	SIGNATURE	July 10 4	46	in .	М	LD. VAH, FO	RT HOW	IARD,	MARYL	WD		10/	11/5
PHYSICIAN'S NAME (Type) CHTEN THE TAN M. D.	2 1 4 5 2 H 4 9 4	PERN WET IAN	M_	n									***
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Iown, or county) (Stole)								OCATION	(City, Iown, o	r county)		(Stote)	
Burial / / / Baltimore National Cem. Baltimore, Maryland	Burial	10/3	5/		Nat:								
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Wm. Cook - Blight Inc. 6000 Horford Rd. Bolto 21 Md. DATE 10/16/57 Devsow L. Farker			ון סטו		3-3+			GISTRAR	246 REGIS			Far	her,

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ARYLAND	STATE DEPARTMENT	OF	HEALTH-	BALTIMORE,	18
10311	CERTIFICATE	OF	DEATH		D

1029238 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLA	ND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 6. STATE 6. COUNTY Baltimore							
b. CITY OR TOWN (RURAL and give of Baltimore	If outside corporate limi earest town] —Rura.]	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore—Rural							
d. NAME OF HOSPIT OR INSTITUTION	d. STREET ADDRESS e. IS RE						RESIDENCE N A FARM?					
3. NAME OF	8122 Hill Fin		Middle		lost		4. DATE	Mor		Doy	Year	
DECEASED (Type or print)	LILLIAN		MAY		COULTER		OF DEATH	October		4	1957	
5. SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIED		DATE OF BIRTH			9. AGE (In years lost birthday)			NDER 24 HRS.	
Female	White	WIDOWI	DIVORCED (July 1.	1889		68 yrs.	Months [Эсув Но	urs Min.	
10a. USUAL OCCUPATION during most of work home 13. FATHER'S NAME	ON (Give kind of work king life, even if retired	done 106.	KIND OF BUSINESS OR I	INDUS	1	land		country)	12. CITI2		S.A.	
Henry Un	verzact.					te Co						
15. WAS DECEASED EVE		CEE2 14	SOCIAL SECURITY NO. I	17 16	FORMANT	, GB - GO	TTTEC	Add				
	(It yes, give war or dates of t		SOCIAL SECURITY NO.			T-					- 4	
18. CAUSE OF DEA	TH WAS CAUSED BY:		ne for (a), (b), and (c).	,	1	/ 7	nes :	601 Sout	nern A	INTERVA	14 L BETWEEN AND DEATH	
Conditions, If a		1	Ly pentens	-67	77 (0)	g e				3	ynı	
couse (o), stating lying couse fast.	the under-	1	V ′								Υ	
CATIO			ONTRIBUTING TO DEATH						EN IN PART	PE	AS AUTOPSY REFORMED?	
	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCC	URRED	. (Enter nature of	injury in Po	ort I or Pa	rt II of item 16.)	_			
20c. TIME OF INJUR Hour o. ji. p. m.	Y Month, Day, Ye	or 20d. It While of wor	Not while		CE OF INJURY (Hory, street, office		20f. (Cit	y or town)	(Co	ounly)	(Stote)	
21. I certify th	at I attended the	deceas		5		, to	otal	er , 195	C,that I lo	ist saw t	he deceased	
alive on	en . 26	12_	2, and that de	eath	occurred at	3:157	.M, fro	m the causes o	and on the	e date s	tated above.	
ACTUAL SIGNATURE	Ton M.	Zin	vermeran_	A	c. N.D	320.	DORESS (S	tar ton	d Rd		DATE SIGNED	
PHYSICIAN'S NAME (Type)	Loy /N	1. 7	im merman	M	1.0.	Ba	17.	de not	-18,	Mil	-	
220. BURIAL, CREMATIC REMOVAL (Specify)	N, 226. DATE THERE)F	22c. NAME OF CEMETE	RY OR	CREMATORY			TION (City, town,		(Stole)	
Burial (Specify)		1957	Moreland Me	emoi	rial Parl	2	B	alto. Co.	, Md.			
23. FUNERAL DIRECTOR			ADDRESS			240. REC'D	BY REGIS	TRAR 246. REGI	STRAR'S SIGN	NATURE	1	
Ul'rich Fun	cral Home	4210	Belair Road			DAT	7	1931	Nr.11.	. ///.	Darons	

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10312

CERTIFICATE OF DEATH

10293

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ų			1,00	IN		147	TIE OI DEAT	• • •		Rag. Dist	. No.	,	
	1	PLACE OF DEATH COUNTY Baltimo					2. USUAL RESIDENCE		eased lived. If institut				on)
					MARYL	Maryl	Balt	Raltimore					
		b. CITY OR TOWN (IF RURAL and give new Fort Ho	prest lown)	is, write	5 Hours 35	. 1			orporate limits, write I	•	ve nea	rest fown)
	-	d. NAME OF HOSPITA		ive street		2 1/1	Balti d. STREET ADDRESS			1:1	5.J.	. IS RESI	IDENCE
`		OR INSTITUTION			on Hospital				on Avenue			ON A	FARM?
	3. 1	NAME OF	Fir		Middle		Lost	4. 0A		n th	Day		/ear
	1	DECEASED (Type or print)		OHN	M.		COX, JR.	OF DE/			17		1957
1	5. 5	SEX	6. COLOR OR RACE	7 MARR	RIED NEVER MARRIED		8. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1		IF UNDE	R 24 HRS
		Male	Colored	WIDOWI	ED DIVORCED		February 15	,1924	33 yrs.		Days	Hours	Min.
	100	USUAL OCCUPATIO	N (Give kind of work o	done 10b	KIND OF BUSINESS OR	INDU:	TRY 11. BIRTHPLACE (SIG	ote ar fareig	an country)	12. CITIZ	EN O	F WHAT	COUNTRY
H		Cook			ailroad		Greenvill		Carolina	U	. S	. A.	
Ì	13.	FATHER'S NAME	_				14. MOTHER'S MAIDEN						
			Cox, Sr.			T	Elizabeth	Thor	<u> </u>				
ı		WAS DECEASED EVER	t yes, gave wor or dates of s	PENICO	SOCIAL SECURITY NO		IFORMANT	A 2		iress		10.	
	-	Yes	WW II		219-18-6939		in.Rec.,Vet	.Adm.	Hospital, F	t.Howa	-		
ı		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOBAR PNEUMONIA, BILATERAL											DEATH
ı	1440 X XXXXX											DAYS	<i>f</i> -
ł		Conditions, if ony, which) OBESITY									UNKNOWN		
	gove rise to immediate (D)										GMANOWN		
		Couse (a), stating to lying couse last.	he under-										
ı	Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TER	RMINAL DIS	EASE CONDITION GI	VEN IN PART	1(a) 15	WAS A	AUTOPSY RMED?
	CATION												NO 🔲
		20a. ACCIDENT WAS	S UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURREI). (Enter noture of injury	in Part I or	Port II of item 18.)				
ı	I CE	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
١	MEDICAL	20c. TIME OF INJURY Haur a, m,	Month, Day, Yes	20d. It While	NJURY OCCURRED 2 Not while	Oe. PL/	ICE OF INJURY (Home, for tory, street, office bldg , a	orm. 20f (etc.)	(City or town)	(Co	ounly)		(State)
	M	p. m.	VA 17		k ot wark		1:00 PM		6:35				
							17 1957 , to_(
	7	apacacacac	decessor	2000	gagae and that a	leath	occurred at 6:3				e dat		
		ACTUAL	Kuren W	21,	LRIA!		77.AFT 77.01		\$ (Street, city or town,	_	-		ATE SIGNED
		SIGNATURE	VICTOR		1 1000		w.oVAH,_FO	RT_HO	MARD, MARY	LAND	_10	/18/	57
		PHYSICIAN'S NAME (Type)											
	220	BURIAL, CREMATION	N, 226. DATE THEREC	F	22c. NAME OF CEMET	ERY O	R CREMATORY	228 10	CATION (City, town,	or county)		(Slote	el
		REMOVAL (Specify) Burial	10.22	57	Baltimore	Nat	ional Cem.	Bai	ltimore. M	arvlan	d		
	23.	FUNERAL DIRECTOR'S	SIGNATURE	-	ADDRESS			EC'D 8Y RE		ISTRAR'S SIGN		E 0 .	1
1		Holland Fu	neral Home	1631	Druid Hill	Av	e DATE	T2	9.1057X	Your	N	1	terke
						moi	e, Md.		1001				

VS A15 (4) ISM 9/55

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in by the funeral director and 2 shauld be fitted with

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

** relained by the haspital ar attending physician.

*** IAL DIRECTOR: After this certificate has been signed by the attending physician and campletely hauld be detached for use as the burial-transit permit. Then please remove carban papers. Paging prior to burial, cremation, ar removal, and in any event within 72 hours after deasts.

BUREAU K. S.

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10343 CERTIFICATE OF DEATH

Reg. Dist. No.

44

	-		100	114							MaBi mis	1. 110.		7 [
1	1. [PLACE OF DEATH 6. COUNTY Baltimor	'e		MARYLA	ND 2	usuai Resti asylar larylar	i ence (Wh	ere deceose	d lived. If institu b. COUNT		e before	e admissio	n)
		b. CITY OR TOWN (If a RURAL and give near	E. LENGTH OF STAY IN	l lb	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
		Fort How		111 Days	E	Baltimo	re		3 V		ngi-			
		d. NAME OF HOSPITAL	(If not in hospital, give	street q	oddress)		d STREET ADDRESS . IS RESIDENCE							ENCE
3			Administr]	634 Ai	squit	h Str	eet			ON A F	
	3	NAME OF	First		Middle		Lost 4			Me	Doy	Ye	or	
	(Type or print) DOUGLAS				C.	Cl	CRIM			October	8		57	
	5. 9	SEX 6	S. COLOR OR RACE 7	MARRI	ED NEVER MARRIED	[3] B. D	ATE OF BIRTH	1		9. AGE (In year	IF UNDER			
		Male	White w	VIDOWE	D DIVORCED	□ J ₁	ily 10.	193		lost birthday)		Days	Hours	Min.
	100	USUAL OCCUPATION	(Give kind of work do	ne 10b. I	KIND OF BUSINESS OR					ountry)	12. CITI	ZEN OF	F WHAT C	OUNTRY?
/		Sales Clerk		l B	lardware Sto	re	Balti	more.	Mary	rl and	Π.	S.	Α.	
	13.	FATHER'S NAME					MOTHER'S						4+6	
		James R. C	rim				Mary I	entz						
		WAS DECEASED EVER I	N.U. S. ARMED FORCE		SOCIAL SECURITY NO.	17 INFO	RMANT			Ad	dress			
1		Yes	Korean		3-28-4491	Clin	Rec.	Vet.A	Adm. Ho	spital.	t. Howa	ard.	Mary	vland
		18 CAUSE OF DEATH	[Enter only one cous	e per lin	e for (o), (b), and (c)							INTE	RVAL BETY	WEEN
		PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (6) TUMOR OF THE FRONTOPARTETAL LOBE, RIGHT SIDE,												
		172X	, , , _		ROCYTOMA							U	VKNOW	N
		Conditions, if ony			T HEMIPLEGI	A						3	MONT	
		gove rise to immediate couse (a), stating the under-												
		lying couse lost.	(c)_											
_	S S				ONTRIBUTING TO DEAT	H BUT NO	RELATED TO	THE TERMII	NAL DISEAS	E CONDITION G	IVEN IN PART	1(a) 19	WAS AU	JTOPSY
0	3	Craniotomy	7 (operatio	n) 7	7/8/57								YES 🔲	
	CERTIFICATION	20g. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY ME	CAUSE OF DEATH	%. DESC	RIBE HOW INJURY OCC	URRED (E	nter noture of	injuty in P	ert I or Por	t II of ilem 18)				
	HEDICAL	20c. TIME OF INJURY	Month, Doy, Year		JURY OCCURRED 20	e PLACE	OF INJURY (lome, form,	20f (City	or town)	{C	ounty)		(Stote)
	a	Hour e.m. p.m.	19	While of work	Not while of work	1001019	street, office	blag., etc.	'					
		21. I certify that	VA	ecease	ed from June 1	9	. 1957	. ta On	tober	8 1957) YERGYCTCK	AVIVAS:	WWWXX	817'6'7'8
					XXXX and that d									
		7~	_		eo o					Ireel, city or lowr		C GGI		E SIGNED
4		ACTUAL SIGNATURE	Illox	6	Venste	PMD.	VAH.F	ORT H	OWARD	MARYLA	ND		10/8	3/57
/		PHYSICIAN'S	•			त				***************************************				\$
			TON GINSBE	RG.	M.D., Acting	Chie	f Surg	ical	Servi	ce				
	72o	BURIAL, CREMATION, REMOVAL (Specify)			22c. NAME OF CEMETE	RY OR CR	EMATORY		22d. LOCA	TION (City, fown,	or county)		(Stote)	
		Burial	10-11=57		Loudon Pa	rk Çe	meterv		Baltimore, Maryland					
	23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a, REC'E	BY REGIST	TRAR 245 REC	STRAR'S SIG	NATUR	- style	1
4	-	A 1 W	OU 20 9	2 73	1 (1)	7. 7.1	36.1	DATE	12/01	50 16	/	4.	-18	· Ken

in by the funeral director, and 2 should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death moy be retained by the haspital ar attending physician.

**TO IU/652AL DIRECTOR: After this certificate has been signed by the attending physician and campletely finds.

**Page Thould be detached for use as the burial-transit permit. Then please remove, carbon papers. Page the registrar prior to burial, crematian, or removal, and in any event within 72 hours ofter death. TO HOSPITAL OR

VS A1S (4) 15M 9/55

BUREAU V. S.

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BECEINED

10315 CERTIFICATE OF DEATH Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived. If institution, Residence before admission] o. COUNTY o. STATE **b.** COUNTY MARYLAND 11 Baltimore Baltimore funeral id be fit b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Randa later. Baltimore Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE OR INSTITUTION ON A FARM? 6219 Liberty Heights Terrace YES NO NAME OF 4. DATE Middle Lost Year DECEASED DEATH (Type or print) Russell Earl Diehl October 13 19 57 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (in years lost birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Min DIVORCED | WIDOWED [7] Male White YES. death. 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Bedford Co. Pa. Laundryman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jesse Diehl Mary Messersmith 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 214-16-0900A Mildred Rutth Diehl 6219 Liberty Heights Terrac No 18. CAUSE OF DEATH [Enter only one couse per line | (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) . LOLU, U DUE TO Conditions, if ony, which ! gove rise to immediate **DUE TO** cotise (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 PERFORMED? YES NO [200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Doy. Year 20f. (City or town) (County) (Stote) Hour o. m. factory, street, office bldg., etc.) While Not while 19 of work of work o. m. 21. I certify that I attended the deceased from that I last saw the deceased that death occurred at_____ M, from the causes and an the date stated above. ADDRESS (Street, city or lawn, state) DATE SIGNED ACTUAL 7013 Liberty Road Balto. 7. Md. SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Oct. 16, 1957 Burial Shreves Chapel Cemetery Bedford County Pa. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS-24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 181 () 297 10316 **CERTIFICATE OF DEATH** Rea. Dist. No. 3 with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY filed **b.** COUNTY Maryland MARYLAND Baltimore Baltimore death. b. CITY OR TOWN (If autside carparate limits, write c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 15 RURAL and give negrest fown) Baltimore 14-Md. should Towson 9 Baltimore 14) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION
TOWNSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? Taylor Avenue Taylor Ave. YES NO A NAME OF 4. DATE Middle October Year Digman within 24 Arthur Type or print) 5 19 5 SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED B DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Male Manths April 19, 1902 Days Hours **White** WIDOWED [7] DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Bus route -public W. Virginia Bus owner- operator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Clamm Abson Digman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address None Family Records No 377-16-3709 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Metastatic Carcinoma IMMEDIATE CAUSE (a) **DUE TO** thof ά Carcinoma of colon 6 months Canditions, if any, which VHO signed gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 📋 NO 🌁 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I) or Part II of item 18) WEDICAL 20e. PLACE OF INJURY (Home, farm, 20f (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg , etc.) Haur o. m Not while at wark at work 21. I certify that I attended the deceased from Feb 8 to Oct 1 ... 57that I last saw the deceased olive an Sept and that death accurred at 6 a. M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Oct 1, 1957 plant PHYSICIAN'S Baltimore Maryla nd George D. Edwards NAME (Type) 220. BURIAL, CREMATION, 22¢ NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (State) REMOVAL (Specify)
Burial Cedar Grove Cemetery Mt.Carmel. Balto.Co.. 0 ADDRESS Towson, Maryland REC'D BY REGISTRAR FUNGRAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE

PUREAU V. S.

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MECTATA

MARYLAND STATE DEPARTMENT OF

EALTH—BALTIMORE. 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECENTED

BUREAU V. S.

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10300

10319

CERTIFICATE OF DEATH

			クラ	
Reg.	Dist.	No.	22	

1. PLACE OF DEATH		2. USUAL RESIDI	ENCE (HOME) OF DECEASE	źD .
COUNTY Balto	MARYLAND	STATE 143	COUNTY Rel	4.
CITY (If outside corporate limits, write RURAL OR end give nearest town)	LENGTH OF STAY	CITY (If outside cor	porate fimils, write RURAL and give ne	
TOWN Pikesville	(in this place)	OR TOWN		
HOSPITAL OR	13 Yrs	× Fireavil	(If surel give location	
INSTITUTION OR		/ ADDRESS	fit trues Bias location	,
STREET ADDRESS McHenry Road		Mc Hen	mr Road	
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Year)
(Type or Print) Howard	A. Des		DEATH Oct.	OF 10 CT
5. SEX 6. COLOR OR 7. SIN	GLE, MARRIED, 8. DATE	OF BIRTH		R 1 YEAR TIF UNDER 24 HRS
RACE WID	OOWED, DIVORCED,		Months	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work	Warried May	ch 20, 1904	53 yrs.	
dona during most of working life, even if	OR INDUSTRY	11. BIRTHPLACE (Slete or fo	reign counfry)	12. CITIZEN OF WHAT
Salesman	Hardwase Store	Balto		U-S-A-
3. FATHER'S NAME		14. MOTHER'S MAIDE	NAME	- Landard
Charles Dorsey		572 2 11	***	
IS. WAS DECEASED EVER IN U. S. ARMED FORCE	S? 1 16. SOCIAL SECURITY NO.	17. INFORMANT 8	Liteinger	
(Yes, no, or unk.) (If Yes, give wer or dates of serv		IV. IN ONINGIN O	7007133	
(a)-calculated out	217-01-9734	Mrs. Ada	Le B. Dorsey Mc H	enry Road
I DISEASES OR CONDITIONS DIRECTLY LEADING	18. MEDICAL CE	RTIFICATION	A	ONSET AND DEATH
1911 IMMEDIATE CAUSE (A)	metastatic Co	STELMOND D	P NOCK	17 mons
7-7, /	Drigin 4	ndetermin	d	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)			•	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO				
STATING UNDERLYING CAUSE LAST.				
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	g			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,				
198. DATE OF OPERATION 198. MAJOR	FINDINGS OF OPERATION		1	20. AUTOPSY?
May 21,1956 M			4ndeterminal	YES NO
218. ACCIDENT WAS UNDERLYING 216. PI OR CONTRIBUTING CAUSE OF DEATH OF INJU	.ACE (Home, farm, fectory, JRY street, office bldg., atc.)	21c. WHERE DID INTURY OCC	UR? (City or town) (Co	unity) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (H		211. HOW DID INJURY OCC	UR?	
	M. al work at work			
			+ 10-14 517	
22. I hereby certify that I attended	the deceased from M.J. M.M.	, 19.2.6, to	6,7	l last saw the deceased
alive on O. Q. Vaber 259.57	, and that death occurred	at July P.M. from the	causes and on the date stat	ed above.
BIGNATURE	2. (-)-)	AD	DRESS (Street, city, town, state)	DATE SIGNED
Janus G. Mill	DO SAN, M.D.	Pi	Kesvi 118-8, Ma	10/26/5
23. BURIAL / CREMATION, DATE THEREO	F NAME OF CEMETERY O	R CREMATORY	LOCATION (City, lown, or count	
Burial 10-2810	57 0	. 0	D-144 164	
24. REC'D BY REGISTRAR REGISTRAR'S		25. TONERAL PIRECTOR	S SIGNATURE HOL	ADDRESS
10hol=2	- 6 h	1-1-12		
DATE 10/29/3 / Notes	they to Helvich	Houngon	2-5005 Park Heig	hts Ave
	1	11		

250. 100 USA TOU MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BULEAU V. & VIOLETTO V. & S. VIOLETTO V. & S. VIOLETTO V. VI

within 24 hours after

ECREAU V. S.

7 - 100

	Ite	m 8 Film 1222 10-	30-57 et	10303
	10321	CERTIFICATE O	F DEATH	Reg. Dist. No.
1.	DIACE OF DEATH O. COUNTY BALTIMORE	MARYLAND 2. USUAL p. STA	70 2 2	n: Residence before admission)
		GTH OF STAY IN 16 c. CIT	OR TOWN (It/outside corporate limits, write RU	RAL and give nearest town)
	(DT) A C 1/1/15	6 MES	BALTIMORE 3	Vo 1-4
,	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION CATON RIDGE NURSING	Hame 36	EET ADDRESS 06 NINTH ST	e. IS RESIDENCE ON A FARM? YES NO S
3.	NAME OF DECEASED (Type or print)	Middle Du F.F.G	Lost 4. DATE Mont	Day Year
	FEMALE WILLTE WIDOWED	DIVORCED 8 DATE OF	22, 181718 lost birthday) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min
10	On USUAL OCCUPATION (Give kind of work done 10b. KIND Of during most af working life, even if retired)	F BUSINESS OR INDUSTRY 11. BI	RTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY
13	HATHER'S NAME WILLIAM KIZA	14. MOT	HER'S MAIDEN NAME	14 2
	is. WAS DECEASED EVER IN U. S. ARMED FORCES? (et. no. or unknown) If yes, give vier or dates of tervice)	SECURITY NO. 17. INFORMANT	H Dussey Bay 8	Fr SMALL WORLD
	18. CAUSE OF DEATH [Enter only one cause per line for (a PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)). (b), and (c).), audior fair	lui	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate Due TO	him schen	ses'	derbrow
	tying cause last.	estule m	Mitus	leskrow
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO W
L CERTIF	200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HI OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DW INJURY OCCURRED. (Enter no	ture of injury in Part I or Part II of item 18.)	
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY C White Not work at w	occurred 20e. PLACE OF INJ foctory, street, work	URY (Home, farm, office bldg., etc.)	(Counly) (Stole)
	21. I certify that I attended the deceased fro olive on 1257		ot 6 AM; from the couses or	
	ACTUAL SIGNATURE CULT ROLLING	4 5 M.O	ADDRESS (Street, city or town, s	FF 50 10/13
22	PHYSICIAN'S HAME (Type) 4655 Ed MOI		BALTIMERC	29 Md.
L	BJRIAL OCT. 17, 1957 C	EDAR HILL	CEM. RITCHIE HO	-v. A. A. G. MB
1	Gens, V Home 4001	Ritche New	240, RECID BY REGISTRAR 246 REGIS	LLEAN S REMAIURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fileratin by the funeral director, page ould be detached far use as the burial-transit permit. Then please remaye corbon papers. Page and 2 should be filed with the regardar prior to burial, cremation, ar remayol, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

JEEAU V. R.

JCL 87 JJC

TECHIA FIR.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10304 10322 CERTIFICATE OF DEATH Rea. Dist. No. director, ited with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) filed o. COUNTY b. COUNTY Baltimore Baltimore MARYLAND Marvland the funeral should be fi b. CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Catonsville Md. Catonsville Md d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? Maple Ave. 104 Maple YES NO. NAME OF **Eirst** Middle 4. DATE Lost Month Day Year within 24 DECEASED OF Louis DEATH (Type or print) Einolf J. October 25 70 197 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min. male white WIDOWED DIVORCED | YES. 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? death. dyring most of working life, even if retired) Nullineaux Baltimore Md. pup after death certificate be 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion Louis Einolf Jennie Hughes 72 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address no none offending sie Nugent 4916 Gateway 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** C-V disein Š Conditions, if any, which ! signed gove rise to immediate **DUE TO** casse (a), stating the underlying couse last. peen PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES IN NO 14 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, [Enter noture of injury in Port I or Port II of item 18.] 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stofe) factory, street, office bldg., etc.) Hour a.m. While Not while p. m. at work at work Contract 19 5 That I last saw the deceased 21. I certify that I attended the deceased from, and that death accurred at 23.10 TM, from the causes and an the date stated above. DIRECTOR: DATE SIGNED ACTUAL SIGNATURE Р PHYSICIAN'S NAME (Type) Victor . King F Catonsville Md. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) may Oct.28 Mt. Olivet Cemetery Frederick Ave. Balto.Md. 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR SCHWEINSBERG FUNERAL SERVICE VS A15 (4) DATE OCT 2 9 '57 15M 9/55 cross St.



Darlington Gemeterv

ADDRESS...

Lid.

Harford County

24b. REGISTRAR'S SIGNATURE

240, REC'D BY REGISTRAR

DATE

HOSPITAL OR 2 YOL 0 0

REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

Nov.

Rurial

within 24 haurs ofter death.

DECEINED!

BUREAU V. S.

within 24 homs other death.

BUREAU V. E.

1961 & YOV.

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			MARYL	AND	STATE DEPA	RTMEI	NT OF HEALTH	H-BAL	TIMORE, 1	8 1	0307	
			10	324	CERTII	FICAT	E OF DEATI	H		Reg. Dist	. No.	33
動)		LACE OF DEATH COUNTY	ltimore		MARYE	- 11	USUAL RESIDENCE (W	_	l lived. If institution b. COUNTY		belore odm	ission)
	-		(If outside corporate limit	s, write	c. LENGTH OF STAY I	N 16	c. CITY OR TOWN (IF		rate limits, write R	URAL and gi	ve nearest ta	wn)
		Cabons	ville		18 days		Towson, Mar	yland	5.5			
14		OR INSTITUTION	TAL (II not in hospital, g		oddress) SPITAL		d. street Address	James	Road		ON	ESIDENCE A FARM?
	3.	NAME OF DECEASED Type or print)	Annie		Middle M.		Terris	4. DATE OF DEATH	Man Oct	h	Doy 3	Year 19 57
	5. 5				RIED NEVER MARRIE	ا ت	DATE OF BIRTH		9. AGE (in years lost buthday)		YEAR IF UN	
		female	white	WIDOW	- Lynd		unknown		lost birthday)			
7		none	ON (Give kind of work or rking life, even if retired)	one 10b.	KIND OF BUSINESS OF		Maryland	1	ontry)		S. A	
點	13.	FATHER'S NAME					4 MOTHER'S MAIDEN					
	15		lliam Ferrie		COCIAL SECURITY NO	17 INFO	unknot	wn	Add			
	(Yei	, no. or unknown)	[If yes, give wor or dates of se	enico}	ınknown	_	cords: SPRI	באור פו	ROVE ST		OSPITA	т
			ATH [Enter only one co ATH WAS CAUSED BY- IMMEDIATE CAUSE (b) DUE TO	Ce	rebral vasc	ular					INTERVAL ONSET AN	BETWEEN ID DEATH
		Conditions, if a gave rise to cause (a), stating lying cause last.	immediate DUE TO		teriosclero	tic c	ardiovascul	ar dis	ease	<u></u>		
0	ATION		- 100		CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	PERI	ORMED?
	CERTIFICATION	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING CO	20b. DE5	CRIBE HOW INJURY OC	CURRED. (Enter nature of injury in	Port I ar Port	II of item 18.)		1 123	NO K
	MEDICAL	20c, TIME OF INJU Haur o. m. p. m.	RY Month, Doy, Yeo	While	Not while	20e PLACE foctor	OF INJURY (Home, form y, street, affice bldg., etc	n, 20f. (City	or town)	(Cc	ounty)	(Slole)
			hat I attended the oct. 3	deceas	sed from Sept.	death a	., 19.57, to coursed at 12:30	ADDRESS (SI	reet, city or town,	nd an the	e date sta	nted abov
1		PHYSICIAN'S NAME (Type)	StellaWach	sler	, M. D.		Catensvi				H	
	220	BURIAL, CREMATIC REMOVAL (Specify			22c. NAME OF CEME	TERY OR C	REMATORY	22d. LOCAT	altimos	~		ind,
	23.	FUNERAL DIRECTO	e's signature	,	ADDRESS		, 240. REC'	D BY REGIST	RAR 246 REGIS	TRAR'S SIGN	S.S.	TOTA .
			,				oc.	T 7 '57	aux	educe	1	

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PROBOST

WILLIAM COOK-BLIGHT INC.6009 Harford Road, Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 9/S5

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VS A15 (4) 15M 9/55

ARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
10327	CERTIFICATE OF DEATH	

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	Reg. Dist. No.
1, PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
Baltimore MARYLAND	md. stowerd
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest fown)	c. CITY OR FOVEN (If autside corporale limits, verile RURAL and give nearest town)
Catonsville	- elect Cely :
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS O. IS RESIDENCE ON A FARM?
House in the Pines	116 Columbia Ad. YES NO I
3. NAME OF DECEASED (Type or print) WILLIAM HOWARD F.	RE Lost 4. DATE Month Day Year DEATH /0/19 1957
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years FUNDER YEAR IF UNDER 24 HRS.
	6-29-1879
10a. USUAL OCCUPATION (Give kind of work done of KIND OF BUSINESS OR INDU- during most of working life, even if retired) CLOTH INSPECTOR	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
Retired Wooolen Will	Oella, Md
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Henry Frey	Mitche Ridgely
15 WAS DECEASED EYER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 II	NFORMANT Address
(Yes, np. or unknown) (If yes, give wor or dotes of service)	anley Frey, Catonsville, Md
18 CAUSE OF DEATH [Enler only one couse per line for (o), (b), and (c),	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: 10 roucho p	memoria 7 day
471X DUE TO	
Conditions, if ony, which) (b)	
gove rise to immediate couse (a), stating the under DUE TO	
lying cause lost. (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
3 . P. Diabetes mellitus 2. Arle	noselesta Cardistreracular of YES NO 12
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Diabetes Mellitus 2, Arte 20% ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH OR CONTRIBUTING [] CAUSE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER	D (Enter nature of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, farm, 201 (City or town) (County) (Stote)
	ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from. 7/17	, 19.57, ta 24.9 , 19.57, that I last saw the decease
alive on 10/19	occurred at JE M, from the causes and on the date stated above
	ADDRESS (Street, city or town, stote) DATE SIGNE
SIGNATURE James E. Conse	MD10/21/57
PHYSICIAN'S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME (Type) James E. Rowe	Catonsville, Nd.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d LOCATION (City, town, ar county) (State)
Burial 10-22-57 St. Johns	Ellicott Caty Val
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR PAD REGISTRAN A SIGNATURE
E. C. Higenbothom Ellicob	t City, Modare OCT 2 3 '51

BUREAU V. S.

TO ALTO SIL

10311

103	25 CERTIFICA	ATE OF DEATH	Reg. Dist.	No.
Daltimore	MARYLAND	2. USUAL RESIDENCE (Where dece	ased lived. If institution: Residence b. COUNTY	-
b. CITY OR TOWN (If outside corporate limits,	write c. LENGTH OF STAY IN 16		proporate limits, write RURAL and give	neorest town)
RURAL and give regrest town) RURAL MonkTon	15 months	Rural XO	monkton	
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	street oddress)	d. STREET ADDRESS Blue Mou	T Pd	o. IS RESIDENCE ON A FARM?
3. NAME OF First	Middle		in 11 /1 /1.	YES NO NO
DECEASED (Type or print)	Clarence	P FUP OF DEA	- 1	Day Yeor 10 1957
5. SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH		EAR IF UNDER 24 HRS
Mole. White w	VIDOWED DIVORCED	June 13, 1870	last birthdoy) Months Do	ys Hours Min.
10o. USUAL OCCUPATION (Give kind of work do- dyring most of working life, even if retired)	ne 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign	n country) 12. CITIZE	N OF WHAT COUNTRY?
Painter	Penna Railroa	d York P	enn Uni	ted States
13. FATHER'S NAME	` /	14. MOTHER'S MAIDEN NAME	Λ <i>i</i>	
Marcellus Fr	red	Umando	1 Udams	? .
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no. or unknown) (If yes, give wor or dates of servi	ice) //	INFORMANT	Address	T 11/
No	NONE 1	Juline Hea,	bs Monk	10n, 11d.
18. CAUSE OF DEATH [Enter only one cause PART I, DEATH WAS CAUSED 8Y:	per line for (o), (b), and (c).]	11.	, 1	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)_	(1/1/01/0-1	145 CULAR 4	158A5-	
, ,	11. 1. 7.			
Conditions, if any, which (b) (b)	1 ty place UN	174-1-11		
couse (a), stating the under-	, and the second			
, , , , ,	TIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART 1	o) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITION 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UITE BITHER, NOTIFY MEDICAL EXAMINER)				PERFORMED? YES NO 4
200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	3. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or	Port II of item 18.)	
· ·				
20c. TIME OF INJURY Month, Day, Year Hour o. n. p. m.	20d. INJURY OCCURRED 20e. Pt While Not while fo	ACE OF INJURY (Home, form, 20f. (actory, street, office bldg., etc.)	City or town) (Cou	nty} (Stote)
p. m. 19	at work at work			
21. I certify that I attended the d	leceosed from SCA:10	, 1957, to Gen	1952, that I los	t sow the deceased
olive on Cat 10	, 12 <u>-5-7-</u> , and that death	n occurred ot 79M, f	rom the couses and on the	date stated above.
ACTUAL 2		ADORES	(Street, city or town, state)	DATE SIGNED
SIGNATURE 177	rance	M.D. 1 1 15 /L	TON, Md	10/11/5
PHYSICIAN'S 17 M.F.	RANCE			
220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify)	22L NAME OF CEMETERY C	OR CREMATORY 22d. LO	CATION (City, town, or county)	(Stote)
Burisl Oct 14 19	957 Parkwood	Cemetery Ba	ltimore Md.	
23. FUNERAL DIRECTOR'S SIGNATURE HENRY SANDER & SONS.	.INC. Baltimore	240, REC'D BY REC	GISTRAR 24b. REGISTRAR'S SIGN	ATURE
DANDER OF BUND.	. INO. Dar Gillore	DATE OCT 1	5 '57 COLL . 2011	1,

VS A15 (4) 15M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 . 10329

CERTIFICATE OF DEATH

10312 Reg. Dist. No.

1.	PLACE OF DEATH g. COUNTY				2 U	UAL RESIDENCE	(Where decease	ed lived If institut		nce before o	dmission)
		ltimore		MARYLANI	0 0	STATE Mary	land	b. COUNTY	,		\$*
Γ	b. CITY OR TOWN (IF	outside corporate limi orest tawn)	ls, write	C LENGTH OF STAY IN 1	b c	CITY OR TOWN	(If outside corp	orote limits, write I	RAL and	give nearest	town)
L	Fort How	ard		21 days		Balt	imore	3 V	131.	4	
	d NAME OF HOSPITA	AL (If not in hospital, g	ive street	oddress)	d	STREET ADDRESS				e. 15	S RESIDENCE ON A FARM?
		Administr	atior	Hospital		וווו	Briscoe	Street			S NO N
3	NAME OF DECEASED	Fin	si	Middle		Lost	4. DATE OF	Ма	nth	Day	Year
L	(Type or print)	BE	N			GADSDEN	DEATH	Octobe	r	24	1957
5	SEX	6. COLOR OR RACE	7. MARR	IED -NEVER MARRIED [B DAT	E OF BIRTH		9. AGE (In years last birthday)	IF UNDER		UNDER 24 HRS
	Male	Colored	WIDOWE	DIVORCED	AT AT	gust 10.	1897	60 yrs.		Days Ho	ours Min
10	o. USUAL OCCUPATIO during most of work	N (Give kind af work o	Jane 10b	KIND OF BUSINESS OR IN	IDUSTRY 1	BIRTHPLACE (SI	ate or fareign (country)	12. CII	TIZEN OF W	HAT COUNTRY?
	Laborer		Co	nstruction C	0.	St. Geor	ge. Sou	ith Carol	ina	USA	
13	. FATHER'S NAME				14	MOTHER'S MAIDE	N NAME				
П	Shuler Ga	deden				Vic (unk	mown)				
	. WAS DECEASED EVER			SOCIAL SECURITY NO. 17	7. INFORM		2101111	Add	iress		
	Yes	WW I	1	31-01-14:81	Clin.	Rec. Ve	ts. Adr	nin. Hosp	ital.	Ft. I	Howard Md
	18. CAUSE OF DEA	TH [Enter anly ane ca	use per fir	ne for (o), (b), and (c)						INTERVA	AL BETWEEN
П		TH WAS CAUSED BY:		REBRAL HEMOR	DUMARI	,					AND DEATH
П	237X	IMMEDIATE CAUSE (0)				·					reeks
		DUE TO	ARI	erio-scleros	סדי					Und	determined
П	Canditions, if ar	nmediate								_	
П	cause (a), stating t										
.,	lying cause lost.) (c)								<u> </u>	
Ó	PART III. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NOT R	ELATED TO THE TE	RMINAL DISEAS	SE CONDITION GI	VEN IN PAR	T 1(0) 19 V	VAS ALTOPSY ERFORMED?
3											\$ □ № 🔂
CERTIFICATION	20o. ACCIDENT WA	S UNDERLYING	20b. DESC	RIBE HOW INJURY OCCUP	RRED (Ente	r noture of injury	in Part I ar Pa	rt II of (lem 18.)			
		MEDICAL EXAMINER)									
Ϋ́	20c. TIME OF INJURY	Manth, Day, Yea				INJURY (Home, fi		y ar town)	(0	County)	(State)
MEDICAL	Hour e.m.	19	While at wari	Not while	idelary, 1	reer, orrice diag.,	91C-)				
1		At the other ded, the			. 2	10 E7 1-0		0) 1055	45-5-1-	14	
				ed from October							
	190000000000	969999999		ggz, , and that dec	ath occu	rred at_9:2				he date s	
	ACTUAL ,	1	b.				ADDRESS (3	itreet, city or town,	state)		DATE SIGNED
1	SIGNATURE	Come to	les	~~	M.D .					or sold sold filter war when sold solds solds	*
П	PHYSICIAN'S	' 0'									
L	NAME (Type)	DVI TMO TO PE	MAN	M.D. Chief.	Medic	al-Sami		AH-FtHe	ar mand.	_Md	-10/25/57
22	o. BUR AL, CREMAT.O!	N, 225 DATE THEREO	F	22c. NAME OF CEMETERY				TION (City, town,	or county)		(State)
	REMOVAL (Specify)	10-28-5	7	Baltimore N	Jatio	na T	Bo*	ltimore.	Marrol	and	
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			EC'D BY JEGIS		STRAR'S SIG		6.1
						DATE	10/201	57 -1		1 7	74.
		1111 	1 11-10	darmor 91 - Port	1 h	DAIL DAIL	10/07/	1 / X/9	was	N/X	J aryery

ELECTUA V. S.

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MARIETT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

S # 11 . 3

DECEINED

10314 Reg. Dist. No.

		ALVANIO -			a winds	- CALACA				
1	b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)					
	Catonsvill		3mths 13dy	78	Baltimore		e F	4		
Г	d. NAME OF HOSPITA	L (If not in hospital, give stre	et oddress)		d. STREET ADDRESS					RESIDENCE
			OSPITAL		4836 Park Heights Avenue					
3	NAME OF DECEASED	First	Middle		Lost 4. DATE Month					Year
	(Type or print)	Doma	Tuerke	•	Garrison	OF DEATH	0	ctober	30	19 57
5	. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B E	ATE OF BIRTH	'	P. AGE (In years		YEAR IF L	INDER 24 HRS.
L	female	white WIDO	WED . DIVORCED	0	Feb. 6, 188		76 yrs.	Manths (Days На	iurs Min,
Æ	during most of works housewife	N (Give kind of work done 10 ng life, even if retired)	6 KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote Maryla	or foreign co	iunfry}		S. A	HAT COUNTRY?
	3. FATHER'S NAME			1	4 MOTHER'S MAIDEN N					
1	Adolph T	horke			Caroline					
1:	S. WAS DECEASED EVER	IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO.	17. INFO		110000	Addı	·e31		
-	TO or unknown)	f yes, give wor or dotes of service)	none	Rec	ords: SPRI	NG GR	OVE STA	TE HO	SPIT	ΛL
F		H [Enter only one couse per							INTERVA	L BETWEEN
ı	PART I. DEAT	H WAS CAUSED BY:								ND DEATH
ł	K	DUE TO	Inanition						-	
ı	Candilions, if an		Dehydration							
ı	gove rise to im	mediate (2011, 02 01 02 011						-	
П	couse (a), stating the lying couse lost.	ne under- i	Senile brain	dise	956					
12										
MOITADISTOR	Š			_					PI	RFORMED?
TISITO	20g. ACCIDENT WAS	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH								
Ĭ,	(IF EITHER, NOTIFY A	MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF INJURY			De. PLACE	OF INJURY I Hame, form, street, office bldg., etc.	20f (City	or tawn)	(Co	ounty)	(State)
AAE	p. m.	19 at w	le Nat while ork of work	,	, , , , , , , , , , , , , , , , , , , ,					
	21. I certify the	it I attended the dece	used from. Aug	. 8	. 19.57, to 1	Oct. 3	0 19 5	Zthat I lo	ast saw i	the deceased
	alive an 0	ct. 30 19	57 and that d	eath ac	corred at 6:15p	M, fram	the causes a	nd on the	e date s	tated abave.
		, 0	700				reet, city ar lawn,			DATE SIGNED
	ACTUAL	entrule /	, the inhu	C_M.D	SPRING G	ROVE	STATE H	OSPIT	AL]	10-31-57
	PHYSICIAN'S		1 2 2							
L	NAME (Type)	ertrude Fléis	chmann, M. P.		Catonsvil	le 28,	Marylan	d		
2	20. SURIAL, CREMATION REMOVAL (Specify)	Nov. 2, 1957	Western	RY OR C	REMATORY	22d. LOCAT	ion (City, town, c	er county)		(State)
72	FUNERAL DIRECTOR'S	SIGNATURE 1217 St.			24a. REC'	D BY REGIST	AR ZIL PEGIS	TRANS SIGN	NATURE	
,	m. Cook, -r	ic. 1217 St.	raul St.		DATE N	10V 4	21 600.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
L										

VS A15 (4) 15M 9/55

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VS A15 (4) ISM 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10222

10315

L	1000%	CERTIFICA	TIE OF BEATH	Reg. Di	ist. No.
1	PLACE OF DEATH 6. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (When a STATE Md.	re deceased lived. If institutions Resider b. COUNTY	nce before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	NGTH OF STAY IN 16	Parkville	Iside corporate limits, write RURAL and	give nearest town)
	d NAME OF HOSPITAL (If not in hospital, give street oddres OR INSTITUTION 2900 Linganore	1	d STREET ADDRESS 2900 Lingan	ore Ave.	o. IS RESIDENCE ON A FARM? YES NO -
3.	NAME OF First DECEASED (Type or print) Mr. John	Middle	Gohning	4. DATE Month OF DEATH	Oay Year
5	SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED TO	NEVER MARRIED	11/17/64	9. AGE (In years IF UNDER loss by though yes	Days Hours Min
100	USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Bricklaver-retired	OF BUSINESS OR INDUS	1	r foreign country) [12. Cli	TIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14 MOTHER'S MAIDEN NA		
	"Unknown by family"		Matilda Law	rence(dec)	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIA	AL SECURITY NO 17. II	NFORMANT	Address	
[Fre	e. no or unknown) (If yes, give war or dotes of service)	.I	ohn Gehring 29	00 Linganore Ave.	
	18 CAUSE OF DEATH [Enter only one couse per line for		<u> </u>	B	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	(en (en one (er)	I would		ONSET AND DEATH
	/5 O X DUE TO	Clinkers	of escapera	y uc	
		/	'		
	Conditions, if any, which (b)				
	cause (a), stoling the under-				
L	lying couse lost. (c)				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?
CERTIF	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED	D (Enter noture of injury in Po	ort f or Port II of item 18.)	
MEDICAL		OCCURRED 20e. PLA Not while at work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f (City at town)	(State)
	21. I certify that I attended the deceased fr	om 5/14/	57.19 10 /	0/2 195 7 that I	last saw the deceased
ı	alive on 10/1/57.19	and that death	occurred at 7 30	M, from the causes and an t	the date stated above
		, and that death	occorred of	DDRESS (Street, city or fown, state)	DATE SIGNED
	ACTUAL SIGNATURE / Arold 1.	Just	0. 11	ford Road	10/2/57
	· · · · · · · · · · · · · · · · · · ·	Grott			
22	REMOVAL (Specify) 10-457	Holy Redeem		22d LOCATION (City, town, or county)	(Stote)
23.		ADDRESS		BY REGISTRAR . 746. PEGISTRAR'S SI	GNATURE 1
	Leonard J. Ruck. 5305 H	arroad Roi		1 1991 2	Ill Drong

WE CELVED

Reg. Dist. No. Dorchester e. IS RESIDENCE ON A FARM? YES NO D Doy Yeor 19 IF UNDER 1 YEAR IF UNDER 24 HPS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A.

ONSET AND DEATH

UNKNOWN

(Stole)

(State)

Clin. Rec. Vet. Adm. Hospital, Fort Howard, Md. INTERVAL BETWEEN

2 YEARS

PERFORMED? YES NO

(County)

ADDRESS (Street, city or town, state) DATE SIGNED

PHYSICIAN'S NAME (Type) CHIEN WEI LAN. M.D.

22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) Madison Cemetery Madison, Maryland

EMNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 245_REGISTRAR'S SIGNATURE Charles Mortuary, 802-04 Madison Ave. Baltimore

0 VS A15 (4) 15M 9/55

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for a

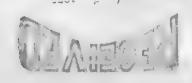
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MA	ARYLAND ST	ATE	DEPARTMEN	NT OF	HEALTH-	-BALTIMORE,	18
10334	MEDICAL	EX.	AMINER'S	CERT	IFICATE	OF DEATH	

10317 Reg. Dist. No.

		PLACE OF DEATH O. COUNTY	USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
		Date Comme MARYLAND	o. STATE Ind. 6. COUNTY Balto.
	Ь	b CITY OR TOWN III outside corporate lymits, write RURAL c. LENGTH OF STAY IN 16 and give negrest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
		inthe to the	1. Machiner
	0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS ON A FARM?
			1/20 Casedale (12 . YES] NO []
		NAME OF First Middle (Type or print)	Little DATE Month Doy Year OF DEATH Def 34-19J-7
	5. S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B/DA	TE OF BIRTH 9. AGE IN YOUR IF UNDER 14 HRS.
	_	Im ale Hlate WIDOWED B DIVORCED 1 3	-30 · 833 May by Months Days Hours Min.
1	1Ga.	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during poor of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13,	FATHER'S NAME 14	MOTHER'S MAIDEN NAME
)	15 Y=s.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO. 16. And, or unknown) If yes, give wor or dates of service)	RMANT of feeths Address
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	YOCANDITIS
		IMMEDIATE CAUSE (6) CONTINUE TO	100101111
-		Conditions, If ony, which) (b)	
		gove rise to immediate cause (o), stating the underlying DUE TO	
		couse lost. (c)	
- 1	N O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO BEATH BUT NOT	RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
	ICATION	0	YES NO D
	CERTIF	200. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH.	nature of injury in Part I or Part II of tem 18.)
	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. INJURY CCURRED 20e PLACE C Hour o. m., P. m., 19 Of work of work of work	OF INJURY (Home, form, 20f (City or town) (County) (State) street, office bldg , etc.)
		21. I certify that I taak charge of the remains described above,	held an Autopsy . Inspection I Inquiry and find that
		death resulted fram: Natural causes [], Accident [], Suicide	e
Ì		ACTUAL SIGNATURE MACTUAL MACTUAL MACTUAL MACTURE MACTURE MACTUAL MACTURE MACTUAL MACTU	D. CHIEF MEDICAL EXAMINER D
		EXAMINER'S M.B. DAVIS M.D.	ASSISTANT MEDICAL EXAMINER () DEPUTY MEDICAL EXAMINER ()
	220.	BURIAL, CREMATION, 226 DATE THEREOF , REMOVAL (Specify)	MATORY 22d LOCATION (GIV, town, or country (Stote)
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Controlly Controlly	240. REC'D BY REGISTRAR 340 EGISTABIS SONATURE

VS. A15ME(5) 5M 9/55



EUPEAU V. S.

1	10335 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10318
2 - 0	GUNSALLUS MEDICAL EXAMINER'S CERTIFICATE OF DEATH
shavid cremat	1. PLACE OF DEATH BALTO MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. COUNTY BALTO MARYLAND
Poge , burial,	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Find go and optional RURAL and give nearest town) AND CONTROL RURAL and give nearest town)
sector and	d. NAME OF HOSPITAL ORINSTITUTION (If not in hospital, give street address) 2205 Dalcu Ave
no deid	3. NAME OF DECEASED (Type or print) Note: Section of Death (1) 16 19 57
o the fundamental for the fundamental for the fundamental for the fundamental	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Temale W. WIDOWED DIVORCED Oug 31-1882 9. AGE (In year life Under 14 EAR 15 UNDER 14 EAR 15 UNDER 24 H/S. Months Days Hours Min.
and 3 to retail	100. USUAL OCCUPATION (Give kind of work done 105. KIND OF BUSINESS OR INDUSTRY 11 UBIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired Ret
5 may k	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UN KNOWN
nin 24 ho ve Pages Page 5 File page	15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT I'VOL, NO. OF UTILIDAYON I'V year, give wor or doing of services) 210-18-8885 PAUL MILLER, 2233 Cld Easter CA
18. Gi	18. CAUSE OF DEATH [Enter only one couse per time for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MYO CAP Rd 1+ (3) INTERVAL SETWEEN OMET AND DEATH OMET AND DEATH
in Nem in Nem in Nem in Nem in Nem	Conditions, if ony, which)
pencil olang v burial-1	gove rise to immediate course [0], stoting the underlying course lost.
office as a so	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO
J 'pend miner's Id be us	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DISCRIBE HOW DURY OCCURRED (Enter noture of injury in Part I or Port II of Item 18.) CAUSE OF DEATH.
he word leal Exam 3 should	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) Hour a. m. While Not while of work of
Fage	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . Inquiry
cale, wi	death resulted from: Natural causes Accident Suicide Homicide Undetermined cause .
AL DIII	SIGNATURE M. B. D. ALLIS M.D. ASSISTANT MEDICAL EXAMINER []
T and the th	PAME (Type) DEPUTY MEDICAL EXAMINER 220. SURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Signific) REMOVAL (Specify)
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS OF 240. REC'T BY REGISTRAR 246. REGISTRAR'S SIGNATURE
/S A15ME(5) 5M 9/55	I Christine Bruzdynski 1407 Eastern auf DET 21 1957 Edith Thurley

KECEDA EL

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 10336 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · COUNTY b. COUNTY Baltimore County MARYLAND Marvland Anne Arundel b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Catonsville Pasadena d. NAME OF HOSPITAL (If not in hospitol, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? House The Pines YES I NO I NAME OF Middle 4. DATE Month Year DECEASED (Type or print) DEATH 19.5 S. SEX 7. MARRIED NEVER MARRIED B. DATÉ OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost bisthday) Months Mala White 11-28-1883 DIVORCED | WIDOWED 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Sales Rep. Otis U.S.A. Elevator Baltimore County pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Slade Thomas Haile ove 17. INFORMANT 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Chester W. Haile. Jr. 1586 Harvard Rd. N. Alanta, Ga. 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** cottse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES T NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, | 20f. [City or town] (County) (Stote) factory, street, office bldg., etc.) Hour a.m. Not while of work of work 21. I certify that I attended the deceased fram. , and that death accurred at 10 10. M, from the causes and on the date stated above. 220. BURIAL, CREMATION, 22b. DATE THEREOF 92c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)
Burial Chestnut Grove Presbyterian Cem. Sweet Air 0-25-1957 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Jenkins & Sons Co., Inc. DATE Rd. Balto. LZ.

2 .V UALAUB

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or altending physician.
TO FUNERAL DIRECTOR: After this certificate has been stand his hear stand an about an analysis of PAZA in he the forward distance.

							EPARTM	ATE OF	DEATH							
Y	1 011000	000000		<u> 1033</u>									Reg. D			
	o. COUN	TY	ali. a				MARYLAND	o STATE Md.	ESIDENCE (Wh	ere deceasi		inst totiar DUNTY	n Resider	nce befo	re odmiss	ion)
1	b. CITY C	R TOWN (if outside	carporate lim	its, write c.	LENGTH OF	STAY IN 16		OR TOWN (If o	utside corp	orote limits,	write RU	RAL ond	give nec	arest town	
k	Jaton	ond give n	eorest low	(n)					timore		*	* -		<u>.</u>		
ľ	d NAME	OF HOSPI	327		em" Lei		77 om o	II .	N. Ch	ene7	cote	Lex	1.0			FARM?
ŀ	3. NAME O		28.4 Q	n Ria	ge Nu		Al OME	OOL			Bave					но 🔟
I	DECEASE (Type or	5		**	aude .				Lost	4. DATE OF DEATH	00	Month	23/	57°		Yeor 1 9
a.	5. SEX		6. COL	OR OR RACE	7 MARRIED	NEVER I	MARRIED [B DATE OF B	IRTH	I	9 AGE (In	years				R 24 HRS.
L	lale				WIDOWED		VORCED 🔲	S ept	سار بالبليليليان		lost birth	yrs.	Months	Days	Hours	Min.
	100 USUAL during	DCCUPATK	ON (Give king life, i	kind of work even if retired	15	O OF BUSIN		JSTRY 11. BIRT	HPLACE (State	or foreign o	country)			TIZEN O		COUNTRY
٠,	13. FATHER'S				p•		119 119		R'S MAIDEN N	AME						
ı		E	rrv	A. H	ammond	a.			lie Sv							
ŀ	15. WAS DE	EASEDEVE	R IN U. S	ARMED FOR	CES? 16 SO	CIAL SECURI	TY NO . 17.	INFORMANT				Addre	11			
ŀ	grad, etc. or on	SOMUL	(is her dive	war or defea of	INTO SECUL		Mrs	s. Ver	a M. E	Lammo	nd 60	DI N	.Ch	ape	lgai	e La
ľ	18. CA	ISE OF DE	ATH [Enti	er only one co	ouse, goodfre 1	or (0), (b), o	nd (c)]	/	21	A				INTE	ERVAL BE	TWEEN
ı		ART I. DEA	TH WAS	CAUSED BY ATE CAUSE (c	HA	boul	Losu	2	ere	eva	1				2 (1)	elle
ı		>		DUE TO			1 -1-	-	1.00	1.1	-			1,		
ı		tions, if o rise to i		te L	1 6	(a)	ue [\ <u>\</u>	Mex		us_			1	L	$\alpha \sim$
ı	couse	o), stating ause last,	the <u>under</u>	DUE TO)									1	J	
	lying t	duse last.		IFICANT CON	DITIONS CON	STRIBUTUNG.	TO DEATH BU	T NIOT DELATED	TO THE TERM	NAI DISEAS	SE CONDITIO	ON GIVE	NI INI PAI	PT 1/a) 1	O WAS	ALITOPSY
ı	Z	ART U. OTI	HER SIGN		The same of							211 0711 1	3 4 13 4 1 1.71		PERFO	RMED?
	Ation	PART II. OTI	HER SIGN					I NO! KELAIED	TO THE TERMI		or combine				YES 🗆	NIC I
	Z Z			RLYING []	20b. DESCRI	BE HOW INJ	URY OCCURRI	ED. (Enter notur				18)			YES 🔲	ио 🗌
	200 ACO			RLYING [] GE OF DEATH L EXAMINER)	206. DESCRI	BE HOW INJ	URY OCCURRI					18)			YES 🛄	NO [
ı	OR COI	CIDENT WA	AS UNDER	RLYING DEATH EXAMINER)	or 20d INJU	IRY OCCURRI	ED 20e. PI	ED. (Enter notur	e of injury in f	ort I or Po	rt II of dem	18)		(County)		(State)
ı	OR CON	CIDENT WATER	AS UNDER		or 20d INJU White		ED 20e. PI	ED. (Enter notur	e of injury in f	ort I or Po	rt II of dem	18)		(County)		
ı	OR COI (IF EITH	CIDENT WATERBUTING FR. NOTIFY FOR INJURY O. m., p. m.	AS UNDER CAUSE MEDICAL	h, Day, Ye	or 20d INJU White	Not whi o	ED 20e. PI	ED. (Enter notur LACE OF INJUR potory, street, of	e of injury in f	ort I or Po	rt II of item	<i></i> 2-	7			(Stote)
ı	OR COI (IF EITH	CIDENT WATERBUTING FR. NOTIFY E OF INJUR O. m. p. m.	AS UNDER CAUSE MEDICAL	h, Day, Ye	or 20d INJU While at work	IRY OCCURRI Not which at work	ED 20e. PI	ED. (Enter notur LACE OF INJUR potory, street, of	Y Home, form	20f. (Cit	rt II of item	·57	that t	last sc	aw the	(State)
ı	OR COP (IF EITH 20c. TIM He 21. I a alive	CIDENT WANTERBUTING RR, NOTIFY E OF INJUREU O. m. p. m.	AS UNDER CAUSE MEDICAL	h, Day, Ye	or 20d INJU While at work	IRY OCCURRI Not which at work	ED 20e. PI	ED. (Enter notur LACE OF INJUR octory, street, of	Y (Home, form frice bldg., etc.	20f. (Cit	y or town) 2.3., 1 m the cau	9.57	that t	last sc	aw the	(State) decease
ı	OR COP (IF EITH Y) 20c. TIM He 21. I (CIDENT W/	AS UNDER CAUSE MEDICAL	h, Day, Ye	or 20d INJU While at work	IRY OCCURRI Not which at work	ED 20e. PI	ED. (Enter notur LACE OF INJUR octory, street, of	Y (Home, form frice bldg., etc.	20f. (Cit	y or town) 2.3., 1 m the cau	9.57	that t	last sc	aw the	(State) decease
ı	21. I a alive	CIDENT W/ ITRIBUTING R, NOTIFY E OF INJUR p. m. ertify the	AS UNDER CAUSE MEDICAL	h, Day, Ye	or 20d INJU While at work	IRY OCCURRI Not which at work	ED 20e. PI	ED. (Enter notur LACE OF INJUR octory, street, of	Y (Home, form frice bldg., etc.	20f. (Cit	y or town) 2.3., 1 m the cau	9.57	that t	last sc	aw the	(State) decease
	21. I alive	CIDENT WATER TINGER, NOTIFY E OF INJURE ertify the on O -	AS UNDER OF CAUSE MEDICAL MEDICAL MEDICAL MONTH	tended the	or 20d INJU White of work [deceased, 1257	from and	20e. Pi	LACE OF INJUR LA	e of injury in f	201. (Cir Lef., M., from	rt II of item y or town) The causing articles are also	9.57 Uses and town, st	that the don't state of the sta	last sc	aw the state by	(Stote) decease ed above ATE SIGNE
,	21. I a alive	CIDENT WATER TINGER, NOTIFY E OF INJURE ertify the on O -	AS UNDER OF CAUSE MEDICAL MEDICAL MEDICAL MEDICAL MONTH OF CAUSE MEDICAL MONTH	tended the	or 20d INJU White of work [deceased, 1257	fron O	20e. Pi	ED. (Enter notur LACE OF INJUR octory, street, of	e of injury in f	20f. (Cit) Lof. M, from ADDRESS IS Bald 22d LOCA	rt II of item y or town) 23., 1 m the cau Street, city are Aunce Attorn (City,	9.57 uses and town, statement town, or	(ithat I and on the state of th	last sc	aw the	(Stote) decease ed above ATE SIGNEI
1	21. I alive	CIDENT WATER TINGER, NOTIFY E OF INJURE ertify the on O -	AS UNDER OF CAUSE MEDICAL PARTY MONTH	tended the	or 20d INJU White of work [deceased, 1257	from and	20e. Pi	LACE OF INJUR LA	e of injury in f	20f. (Cit) Lof. M, from ADDRESS IS Bald 22d LOCA	rt II of item y or town) 3.3., 1 m the cau Street, city are ALL VION (City,	9.57 Uses and town, st	that the don't state of the sta	last so the da	aw the state by	(Stote) decease ed above ATE SIGNE

BULLEAU V. S.

MESELVED TOTAL

VS A15 (4) 15M 9/55

AARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18	1032
				7000

10338 CERTIFICATE OF DEATH

Rag.	Dist.	No.	

N.	10000			R	eg. Dist. No.		
1	1. PLACE OF DEATH a COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admir o. STATE b. COUNTY				
			Md.		Baltimore		
	 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	C. LENGTH OF STAY IN 16		ulside corporate limits, write RURA	L and give nearest town)		
	Reisterstown	45yrs.	X/ Reister	rstown			
7	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS			
	Westminster Road		Westminster Road		ON A FARM? YES NO		
	3. NAME OF First	Middle	Lost	4. DATE Month	Day Year		
	(Type or print) William		ammond	DEATH Oct.31,	1957 19		
	5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS		
i	Male White WIDOWE		July 16,186	69 88 yrs.	onths Doys Hours Min.		
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
7 2300	Farmer self employed		Md.		U.S.		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME			
	Charles L. Hammond		Catherin	ne Hardey			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 1		NFORMANT	Address			
	(If yes, give wor or dates of service)	None Mr	cs.Malvern (G, Hammond, Rei	sterstown, Md.		
	18. CAUSE OF DEATH [Enter only one cause per lin	e for (o), (b), and (c)]	1 / >	al esta	INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	recal	=/e/e = 0	Mone co,	The Land		
440X DUE TO 1/							
Conditions if any which) Items & (may a many					Sike		
1	gave rise to Immediate						
	lying couse last.	cgenera	& Bles				
	Part II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(0) 19 WAS AUTOPSY		
	3				PERFORMED? YES NO		
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
					-		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)							
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. n. While Not while of work of work of work						
	21. I certify that I attended the decease	ed from /= 5	-190 ta//	-1- 15/71	at the day of		
	alive an 10-28-195	The state of the s					
alive an							
	ACTUAL 4	11/11	Bel	John State Company State Compa	DATE SIGNED		
	SIGNATURE	1100	N.D.	- France			
	PHYSICIAN'S JAMES G. S.	HIEI MY	Mersi	terstown	Md 11-2-57		
	220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (City, town, or co	ounty) (State)		
	Burial Nov.2.1957	Druid Ridg	e	Pikesville.	vd.		
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D		AR'S SIGNATURE		
	J.F. Eline & Sons, Reisterstown, Md. DATE 1-1-5) Way & 7/110						

The same of the

BUREAU V E

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OECEIVE!

10323 10340 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY Baltimore MARYLAND Mary land b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Fort Howard, Md. 139 days Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Veterans Administration Hospital YES NO T 107 Albemarle Street NAME OF Middle Day Yeor DECEASED within 24 ISAAC E. HARRISON DEATH (Type or print) October 31 1957 P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost bigthday) Months Days Hours Main 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8 DATE OF BIRTH Months Days Male Vegravidowed A DIVORCED T September 7. 1889 executed 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Steel Mills Virginia U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Pan Harrison Sallie Parker 15. WAS DECEASED EVER IN U. 5 ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address 213-09-4210 Clin Rec. Vet. Adm. Hosp. Ft. Howard, Md. Yes INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c)] ONSELAND DEATH PART I. DEATH WAS CAUSED BY: PULMONARY HEMORRHAGE IMMEDIATE CAUSE (6) 163X **DUE TO** ģ 1 YEAR Conditions, if ony, which CARCINOMA OF LUNG gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES F- NO TO PULLONARY TUBERCULOSIS, INACTIVE 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of ilem 18.) OR CONTRIBUTING | CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Hame, form, 20d. INJURY OCCURRED Doy, Year 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour o.m Nat while of work of work 21. I certify that Wattended the deceased from June 11, 19.57, to October 31, 19.57, that the respective deceased DATE SIGNED ACTUAL SIGNATURE M.D. VAH, Fort Howard, Maryland PHYSICIAN'S M.D.Chief. Medical Service TRVING FREEMAN. NAME (Type) 270 BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) 11-5-57 Baltimore National Cemetery Baltimore, Md. Burial 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'O BY REGISTRAR 24b REGISTRAR'S SIGNATURE Law Mortuary 802-Oh Madison Ave. Baltimore 1. Md.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

2961 E No.

MISSELAF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

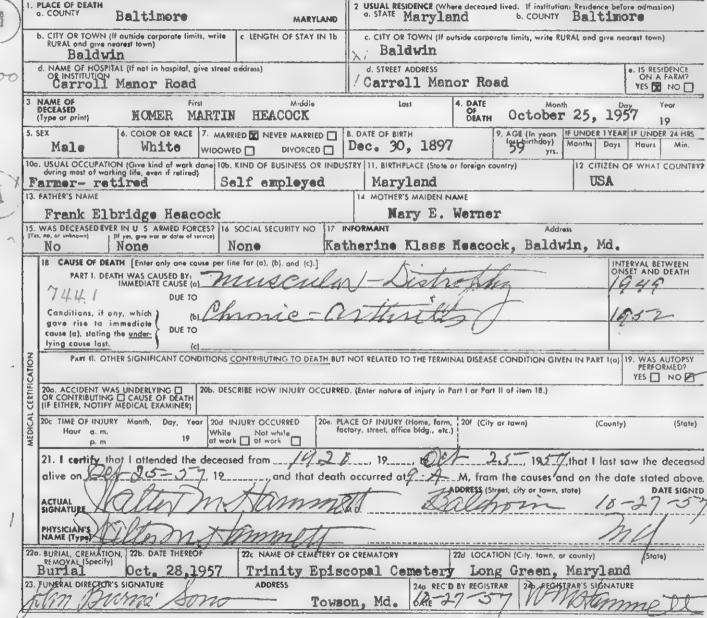
2 .V UNDAUG

funeral should carban offer геломе ۵ P

director

death.

filed



TREE OF THE SERVICE

10326

10342 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDEN	E (HOME) OF DEC	EASED		
COUNTY Baltimore MARYLAND	STATE Md.	COUNTY			
CITY (II outside corporate limits, write RURAL LENGTH OF STAY	CITY (Il outsida corpora	te Ilmits, write RURAL and	give neerest town)		
OR end give peerest town) TOWN Catomsville 6 Wks.	TOWN Bal	timore	¥		
HOSPITAL OR Catonsville Convalegeent	STREET	(Il rurel giva I	location)		
STREET ADDRESSHOME for Aged & Invalids	ADDRESS 2108	Mesby Ave.			
3. NAME OF (First) (Middle)	(Last)	4. DATE (Month)			
DECEASED		OF	+ 33 57		
(Type or Print) Pauline C.	Hessler	DEATH OC	t. 11, 19 57.		
RACE WIDOWED, DIVORCED,		Ā	Aonths Days Hours Min.		
	.25,1892	65 yrs.			
10a. USUAL OCCUPATION (G.ve kind of work done during most of working life, evan if OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?		
relired Housewife	Pa.		U.S.A.		
13. FATHER'S NAME .	14. MOTHER'S MAIDEN N	AME			
Alphonse Ricaille	Unknown	Unknown			
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & AL	DRESS			
(Yes, no, or unk.) (If Yas, give wer or deles of service)	Mrs. C.T. B	event 5313	Windsor Mill		
18. MEDICAL CE		1,14110 0010	INTERVAL BETWEEN		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		_	ONSET AND DEATH		
422. I IMMEDIATE CAUSE (A) ARTERIOS	CLE BASIC	C GRAIN	<u> </u>		
ANTECEDENT CAUSE(S) DUE TO		And .			
DISEASES OR CONDITIONS, IF ANY, (B)	AISEASE_	LICA MORE	Bot		
STATING UNDERLYING CAUSE LAST. DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			· · · · · · · · · · · · · · · · · · ·		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?		
			YES NO		
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR	(City or town)	(County) [Stets]		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURED While Not white	21f. HOW DID INJURY OCCUR				
M. el work et work					
4					
22. I hereby certify that I attended the deceased from		D. S. S. J.	, that I fast saw the deceased		
22. I hereby certify that I attended the deceased from					
alive on	at ACD PM, from the ca		te stated above,		
alive on	at. HCD. PM, from the ca	uses and on the dat ESS (Street, city, town,	te stated above,		
alive on	at. HOD. P.M., from the ca ADDR	uses and on the dat ESS (Street, city, town,	te stated above, stete) DATE SIGNED		
alive on	at HOD. P.M. from the ca ADDR SFOW ENVIOLE R CREMATORY	uses and on the dat	te slated above. stete) DATE SIGNED (Shife)		
alive on	at. HOD. P.M., from the ca ADDR	uses and on the dates (Street, city, town, LOCATION (City, town, t	te slated above. stete) DATE SIGNED (Sixte) (Sixte) ADDRESS.		

h 3 'A []

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10343 **CERTIFICATE OF DEATH** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY **b. COUNTY** MARYLAND Baltimore Marvland funeral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Glen Arm. Maryland 6vr3mths29dvs Catensville d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION Box 186 SPRING GROVE STATE NAME OF First Middle 4. DATE Lost Month DECEASED OF (Type or print) Max Hyman 9. AGE (In years tast birthday) 71 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH male white WIDOWED | DIVORCED T Feb. 11. 1886 popers. 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life even if retired) Psychiatric Russia Attendant 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME unknown unknown 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 067-22-6622 Records: SPRING G ROVE STATE unknown 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 165X DUE TO Canditians, if any, which [b) gave rise to immediate DUE TO cause (a), sloting the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY burial-20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) factory, street, office blog., etc.) Hour o.m. Not while at work of work 21. I certify that Lattended the deceased from Oct. 18 19.54 to BCX. 18 , 1957, that I last saw the deceased ., and that death occurred at R. P. M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE GROVE STATE PHYSICIAN'S NAME (Type) Catonaville 28. Maryland

22c. NAME OF CEMETERY OF CREMATORY

Rea. Dist. No.

Baltimore

Months

Doy

IF UNDER 1 YEAR IF UNDER 24 HRS.

Russia

HOSPITAL

(County)

LOCATION (C by hown, or county)

24b REGISTRAN

24a. REC'D BY REGISTRAR

Haurs

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO ID

(Stote)

(Stole)

12 CITIZEN OF WHAT COUNTRY?

Dovs

IS RESIDENCE

ON A FARM?

YES NO

Year

19

0

BURIAL, CREMATION.

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

BUREAU V &

DECEIVE: 120

1		MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	10220
4-1		10344 CERTIFICATE OF	DEATH Reg. Dia	TU348
director with	1	PLACE OF DEATH O. COUNTY BALT MARYLAND 2. USUAL F O. STATE	RESIDENCE (Where deceased lived. If institution: Resident b. COUNTY 13	ce before admission)
death:		KORBE-DIG GIVE REGIEST IDWILL	OR TOWN (If autside corporate limits, write RURAL and g	
offer the fundamental sales			ET ADDRESS	e. IS RESIDENCE ON A FARM?
in by	3.	NAME OF First Middle	Lasi 4. DATE Month	Doy Yeor
thin 24	5.	(Type or print) FREDERICK HCLZKNCELT 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF B.	OF DEATH / - 2 BIRTH 9. AGE (In years IF UNDER	19 5
mplete	100	VALUE OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11/BIRT	1-1877 18 ya.	Doys Hours Min
and car	L	during most be with the desired of the state	AUSTRIA 1	1. 5. a.
ician be be	13.	JACOB HOLZKNECHT SA	RAA ?	
sertific services s services services services services services services services s	15. {Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT 1. no. or unknown) (1 your or dotal of vervice) 2/5-32-1567 FLEA	Holz Knecht	(SAME
death ottendii please within		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH
y the There event		DUE TO C + 1 P +	- 1/	X Kour
gned b permit in any		Conditions, if ony, which gave rise to immediate cause (a), stating the under-	Must disease	1.5 Jeans
sicion. Seen si ronsit I, ond	N		Licallitais TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1.5 gear
ng phy e has t ourial-t emava	IFICATION	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter notu	left writtele	FES NO
CIAN:	AL CERTIFI	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
PHYS	MEDICAL	Have a. m. 19 While Nat while factory, street, o	RY (Home, form, 20f (City or lown) (City or lown)	County) (State)
VDING P hospi After Ched fo			2, to CCZ 2. Z., 1957, that I I at BM, from the couses and on the	
ATTER by the ECTOR: e deto y to by		ACTUAL TEAL TO DE	ADDRESS (Street, city or town, state)	DATE SIGNE
AL DIR		PHYSICIAN'S NAME (Type) Harvey L. Fuller M.D.	BALTER	IM of
y be o	220	BURIAL CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR	22d LOCATION (City town, or county)	(State)
5 5 8 4	1/2	FYNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIG	NATURE .
VS AIS (4) 1SM 9/SS	5	ohn J. Cornelly, Esset Md.	OPT 28 1957 Edith	Harley
	/			100

DECENTED

BLBEAU K. K.

OCT 28 1957

VS A1S (4) 15M 9/5S

١		STATE DEPARTM	ENT OF HEALTH	-BALTIM	ORE, 18	10329	
	10345	CERTIFICA	ATE OF DEATH		Ren (Dist. No.	
-	I, PLACE OF DEATH G. COUNTY D. 146		2. USUAL RESIDENCE (Who		If institutions Resid	ence before admission)	
ŀ	barw.	MARYLAND	<u> </u>	•	-350,-	i i i i	
	b. CITY OR TOWN IN autside corporate limits, write RURAL and give higarest town;	c LENGTH OF STAY IN TH	Baltimore	utside carporate lis	nils, write RURAL and	d give nearest tawn)	
ı	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	address)	d. STREET ADDRESS			e. IS RESIDENT	CE
	1117 Baker Ave.		1902 Ridge	top Rd.		YES NO	
	3 NAME OF First	Middle	lost	4 DATE OF	Month	Day Year	
Į.	(Type or print) BESSIE	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		DEATH	Oct. 3	, , , , ,	
	S. SEX 6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH	_ lost	birthday) Months	R 1 YEAR IF UNDER 24	HRS lin.
\ F	female white WIDOWE		Feb. 17, 187		79 yrs.	717524 05 14114 501	
	during most of working life, even if retired)	estaurant	Md .	ar tareign caunity)	12. 0	ITIZEN OF WHAT COU	NIKEZ
4	13. FATHER'S NAME	es cadrant	14 MOTHER'S MAIDEN N	AME			
	unknown Fleetwood						
ı	IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16		HINKTOW NFORMANT		Address		
)	(ff yes, give wer or dotes of service)	Mg	Raymond Hoo	d - 1917	Forest Pa	ark Ave.	
F	18. CAUSE OF DEATH [Enter only one cause per lin				-	INTERVAL BETWEE	EN
1	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE {a}	PNEUMON	IA			5 da	
1	443X DUE TO	A : 1				1	U
1	Canditions, if ony, which (b)		ular occident			6 mos.	
	cause (a), stating the <u>under-</u> lying cause last	Ng par densive	arterio cles	gic CU	b		
	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CON	DITION GIVEN IN PA	RT I(a) 19. WAS AUTO	PSY
7	ĮŠ.					YES NO	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRE	D. (Enler nature of injury in P	art I or Port II of	item 18)		
	Havr a.m. While	Nat while fa	ACE OF INJURY IHame, farm, clary, street, affice bldg, etc.	20f. (City or tax	vn)	(Caunty) (S	itate)
		1.73.	, 19.5°7, to	10/2/	1057 1		
1	alive on OCY 25 30 195		occurred at 5 A	M from the	, IYZZ,that	l last saw the deci	easea
1	dive on	Jana mar deam		LDORESS (Street, c	#/	DATE S	
,	SIGNATURE Kennandyaf	(b) M. D.	MD. 3101 LD	Baltin	ine At	11/1/57	
	PHYSICIAN'S NAME (Type)		A tipe species and species are seen and seen and she way also the spic species.	the the property was topy you got the cost was not upon			
	220 BURIAL, CREMATION, 22b DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, lawn ar county	(State)	
	Burial 11/2/57	Lorraine Pa			lawn Md.		
•	23. FUNERAL DIRECTOR'S SIGNATURE WM.J. TICKNER & SONS -	P.B. Balto. 1		By REGISTRAR .	24b REGISTRAR'S	ignature m. E. M.	ton

NON 6 1957

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1 /		MARYLAND	STATE DEPARTM	LENT OF HEALTH	H-BALTIMORE, 18	10330_
17	1	10346	CERTIFICA	ATE OF DEATH	Reg. D	list. No.
Filed Willed	1	ACE OF DEATH Baltimore	MARYLAND	2 USUAL RESIDENCE (WHO O. STATE	ere deceased lived. If institution Reside	timore
M M		CITY OR TOWN (If outside corporate limits, write RURAL and give represt jown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, write RURAL and	
2 should		NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 2.215 Old East	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO DO
pua	3.	LME OF First CEASED Vannic	Middle	Hughes	4. DATE Month OF DEATH	Day Year 7, 19.57
Pog	5. 5		RIED NEVER MARRIED	B. DATE OF BIRTH	UCII	R 1 YEAR IF UNDER 24 HPS Days Hours Min
popers eath.	100	JSUAL OCCUPATION (Give kind of work done 10b. luting most of working life, even if retired)	KIND OF BUSINESS OR INDU		01	TIZEN OF WHAT COUNTRY?
fer de la	13.	THER'S NAME	Fore	- /	AME DE	
2 haurs		AS DECEASED EVER/IN U. S. ARMED FORCES? 16.	Al RI	INFORMANT	T Under Start	ALLE + A
please within 7	=	B. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY:	//one ///	1.3 Gerirode	1. Hughes 2215	INTERVAL BETWEEN ONSET AND DEATH
Then		### DUE TO	Comme	to prince	in	My Occ
d in any		Canditions, if any, which gove rise to immediate course (a), stating the <u>under-lying</u> course last.	Arterior	olerozi	Port desirase	? 70
ol-trans	CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
the buri	CERTIFIC	OG. ACCIDENT WAS UNDERLYING TO DESIGN CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Port I or Port II of item 18.)	
mation,	MEDICAL	Oc. TIME OF INJURY Month, Day, Year 20d. II Hour a. st. p. m. 19 While of war.	Not while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or town)	(Caunty) (Slote)
hed far rial, cre		1. I certify that I attended the deceas		1952, to	10/7, 1937, that I	last saw the deceased
ar to bu		CTUAL S	27, dila mai deali		ADDRESS (Street, city or town, state) AS TERN Cure	DATE SIGNED
hould b		HYSICIAN'S J. PLATT	. m.D.	M.U		
ne rega	220	RURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d LOCATION (City, town, or county)	(State)
5 (4)	23.	INERAL DIRECTOR'S SIGNATURE	ADDRESS ROLL RO	24a. REC'I	D BY REGISTRAR 246. REGISTRAR'S SI	IGNATURE TO THE PROPERTY OF TH
100	تنا	The state of the s	THE SERVICE STATES	/	, out	X

DUREAU V

MARION

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10347

CERTIFICATE OF DEATH

	1	n	2	2	1/4
	4	Ų	U	U	44
es					7 1

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY				E (Where deceased liv		n: Residence b	
Baltimore		MARYLA	11000				
b, CITY OR TOWN (If outsid RURAL and give nearest to		c. LENGTH OF STAY IN	1b c. CITY OR TOWN	N (If outside corporate	limits, write RI	JRAL and give	nearest town)
Fort Howa	44	15 Days	Balti	more	2 V		
d. NAME OF HOSPITAL (IF &	at in hospital give stre	et address)	d STREET ADDRE	SS			e IS RESIDENC
	Administrat	cion Hospital	3233 Ra	verwood Av	enue		YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Mont		Day Year
(Type or print)	OLIVER		IBEX	DEATH O	ctober		23 ₁₉ 5
5. SEX 6. CC	LOR OR RACE 7. MA	RRIED 🔀 NEVER MARRIED	B DATE OF BIRTH	9.	AGE (In years		AR IF UNDER 24 H
Male W	hite woo	WED DIVORCED [□ January 1,	1896 6	last birthdoy)	Months Day	Hours Mil
100 USUAL OCCUPATION (Give during most of working life	e kind of work done 10	L KIND OF BUSINESS OR I	NDUSTRY 11 BIRTHPLACE	State or foreign count	ry}	12. CITIZEN	OF WHAT COUN
Rigger	, evali ii railied;	Shipping	Carroll	County, Ma	ryland	U. i	3. A.
13. FATHER'S NAME			14. MOTHER'S MAI	DEN NAME			
John Thex			Addie F	isher			
15. WAS DECEASED EVER IN U.			17 INFORMANT		Addr		
Yes Yes WW	T dotal of service)	705-10-5898	Clin.Rec.,Vet	.Adm. Hospi	tal Ft,	Howard	Maryland
18. CAUSE OF DEATH [E						11	NITERVAL RETWEEN
PART I. DEATH WA	S CAUSED BY: CLT	NERALIZED MET	ASTIATE TEST	PAIC		Ċ	INSET AND DEAT
190 , IMME	DIATE CAUSE (6) UT	Mendicial Viel	WINTED TENT	DIND			UNKNOWN
	DUE TO	DOMAMONO TRO	TON DIGITAL TO	mara			()60) my 0
Conditions, if only, what gove rise to immedi	ole	RCOMATOUS LES	TON, RIGHT KI	A Parts			6 MONTHS
couse (o), stoling the uni						Í	
lying couse lost.) (c)						
PART II. OTHER SIG	NIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEASE CO	DINDITION GIVI	EN IN PART I(c	PERFORMED?
2							YES 🔀 NO
PART II. OTHER SIG	ERLYING () 206. D JSE OF DEATH AL EXAMINER)	ESCRIBE HOW INJURY OCC	URRED (Enter noture of inju	ry in Port I ar Part II :	of item 18 }		
Z 20c. TIME OF INJURY Mon	Whi	ite Not white	e PLACE OF INJURY (Home foctory, street, office bldg	, form, 20f. (City or	lown)	(Cavr	(5to
		rork at work		1	55 F6"	- Internation	V
21. I certify that ¥£	ttended the dece	ased from Octobe		October 2			AXX XXXXX
QUXXXXXXXXX	XXXXXXXXXXX	XXXXX and that de	eath accurred at 8:2	5 AM, from t	ne causes a	nd on the	date stated ab
	1 17	P		ADDRESS (Street			DATE SIG
SIGNATURE VAL	UN 1/91.	and	M.D. VA HOSI	PITAL, FORT	HOWARD	MARYLA	ND 10/23/
PHYSICIAN'S CHIEN	WEI LAN,	MD.					
220. BURIAL, CREMATION, 221	, DATE THEREOF	22c NAME OF CEMETE	RY OR CREMATORY	22d LOCATION	N (City, town, o	r country	(State)
	3-27-195		nch Cemetery		inster.		
23. FUNERAL DIRECTOR'S SIGN	ATURE	ADDRESS		REC'D BY REGISTRAR	- 1.7	TRAR'S SIGNA	
Harvev H. Banks	rd and Son	.Funeral Home	1(1)	OT 120 46	15 Day	son)	Thil

East Main Street Maryland

VS A15 (4) 15M 9/55

DECENDED

7601 88 TOC

BUREAU V. K.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10332

			10348	CERTIFIC	CATE OF DEATH	1	Reg. Dist. Ne.
	9	LACE OF DEATH COUNTY BA	Timore	MARYLANE	O. STATE MARY	AND b. COUNTY	DALLIMORE
	t	RURAL and give negrest tow	corparate timits, write	c. LENGTH OF STAY IN 11		utside corporate limits, write R	URAL and give nearest town)
		S. NAME OF HOSPITAL (IF not OR INSTITUTION	on hospital, give street of SpR1	NG ST.	d. STREET ADDRESS	SpRING ST	REE YES NO
	- 0	NAME OF DECEASED Type or print)	ARV	ESTE !!	A IglehART	DEATH OCTOBE	1th Day Year ER 24, 1957
	S. S	EMALE WH	OR OR RACE / 7. MARR	DIVORCED	SEPT. 10,10	9. AGE (In years last birthday) 70 yrs.	Months Days Hours Min
1		WEAVE	ven if refired)	SIND OF BUSINESS OR INI	DUSTRY 11. BIRTHPLACE (Stoke	RVIAND	12. CITIZEN OF WHAT COUNTR
1	IS '	FATHER'S NAME	ONICAS ARMED FORCES? 16.	Ig/EhAR SOCIAL SECURITY NO. 17	14. MOTHER'S MAIDEN N	HARRIE	TE. SEVERA
	[Yes	No	war or dates of service)	/	Miss EdNAI	glEhART, C	DELLA, Md.
		18. CAUSE OF DEATH [Enter PART I. DEATH WAS IMMEDIA		Dromary	Occlusion	,	ONSET AND DEATH
		Conditions, if any, which		terio-sclerat	ic CU deser	ىك	15410-
		gove rise to immediate codise (a), stating the under lying couse last.					
	CERTIFICATION			CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	/EN IN PART I(a) 17. WAS AUTOPSY PERFORMED? YES NO
		200. ACCIDENT WAS UNDER OR CONTRIBUTING [] CAUS (IF EITHER, NOTIFY MEDICAL	LYING 206. DESI E OF DEATH EXAMINER)	CRIBE HOW INJURY OCCUR	RED (Enter nature of injury in F	Port 1 or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month Hour e. m. p. m.	Day, Year 20d It While of work	Not white	PLACE OF INJURY (Home, farm factory, street, office bldg., etc.	20f. (City or town)	(County) (State)
		21. I certify that I att alive on	ended the decease	ed from July, and that dec	th occurred at 37	, ,	I, that I last saw the decease and on the date stated abov stole) DATE SIGNI
		SIGNATURE	- Mary	m cw	M.D. Clle	ently a	<u>'</u>
-	220	PHYSICIAN'S NAME (Type) DV - 4.	A. TOCHM	22g. NAME OF CEMETERY	OB CREMATORY	22d. LOCATION (City, town, A	Dr. county) (Compa)
		REMOVAL (Specify)	0/27/57.	GOOD ShEP	MERD CEM.	Ellicott	City, Md.
	6	Easton Son	a, Catori	wille 28,	Md. DATE OC	3	STRAR'S SIGNATURE

BULEAU V. S.

DEVIEWED THE

10333

			•			Reg. [Dist. N	D.		
	2, USUAL RESI	DENCE (Whe	ere decease			on: Resid	ence be	fore admis	sion)	
MARYLAND	G. SIAIE	Mary.	land	ь	COUNTY					
TH OF STAY IN 16	c. CITY OR	TOWN (IF ou	utside corpo	orate lim	its, write R	URAL one	d give n	earest tow	n)	ıt
menth	Balt	imore				×-1-	7			
	d. STREET A	DDRESS						e, IS RES	SIDENCE A FARM?	
SPITAL	4211	Fred	erick	Ave	กนอ			YES		_
Middle	Lo:	1	4. DATE		Mon	ılh		Эву	Year	
enrietta	Jesk	:0	DEATH		Octo	ber	21		19 5	57
EVER MARRIED	B. DATE OF BIRT	Н		9. AGE	(In years birthday)			R IF UND		
DIVORCED [12-10-	.75		81		Months	Days	Hours	Min),
BUSINESS OR IND			_	ountry)		12. C	elite mer	OF WHAT		TRY7
nestic	Vi	rgini	8.				U. :	S. A.		
	14. MOTHER'S	MAIDEN N	AME							
	1	ouise	Brun	ier						
	INFORMANT		-		Add	ress				
one Bwa R	ecords:	SPRIN	G CRO	VE	STATE	E HO	SFI	TAL		
(b), and (c).]							IN	TERVAL BI	ETWEEN	!
c failure							O	NSET AND	DEATH	1
4										
oscleroti	c cardin	raemil	er di	0000	20					
	0.001.010	Link Indian Mark	54.h	Dyan	39		\top			
esclerosi	s, genera	alized								
TING TO DEATH BU	IT NOT RELATED TO	THE TERMIN	VAL DISEAS	E COND	ITION GIV	EN IN PA	RT I(o)	19. WAS	AUTOPS	SY
									DRMED?	
W INJURY OCCURR	ED. (Enter nature a	f injury in P	art I or Par	t II of it	em 16.)					
	LACE OF INJURY			y or tow	n)		(County	1)	(Sto	te)
while '	octory, street, office	bldg., etc.))							
Aug.	26 , 19 57	7 to 0	ct. 2	רי	10 5	7	Lleat	saw the	.1	
and that deat										
ona mar aear	n accurred at		LJAI, FFQI LDORESS (S				ine d		ed abi	
2 to D-	C DY		`	C TO A		ROSP1	TAPAT			ベロ
W	_M.D <u>RF</u>	TNG 0	VO AE	517	Tr I	IODE	AHL	10-	~	21.
M. D.	Cat	onsvi	lle 2	8. N	arvla	and				
ME OF CEMETERY			22d. LOCA	time		or county	Md.	io12]	ie)	
oudon Par	C)	D1- 05015				CTD4 D'C 4				
1 . /	6.0	24a. REC'D	BY KEGIS	IKAR	24b. REGI	21KAK.2-2	IGNAT	UKE		
edensk	live	PATE O	0 '57			Time.				

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS A15 (4) 15M 9/55

BULLAU Y. S.

MARIE

	, 103	S50 CER	IFICATE O	F DEATH		1UJJ4 leg. Dist. No.	
	1 PLACE OF DEATH o. COUNTY Baltimore	MA	2. USUAL o STAT	RESIDENCE (Where decer		Residence before admission)	
	b. CITY OR TOWN (If outside corporate RURAL and give nearest town) FORT HOWARD	limits, write c. LENGTH OF STA		OR TOWN (If outside co		AL and give nearest town)	
A	d NAME OF HOSPITAL (If not in hospito OR INSTITUTION Veterans Administra	ation Hospital	il .	et Address 12 Pennsylva		IS RESIDEN ON A FAR YES NO	RM7
	3 NAME OF DECEASED (Type or print) RAYN	First Middle E.	JET.	Lost 4. DAT OF DEA	Month October	24 Day Year	
	5. SEX 6. COLOR OR RAC Male Colored	CE 7. MARRIED NEVER MAR	RIED [8. DATE OF CED [5/16/	BIRTH 21		UNDER 1 YEAR IF UNDER 24 Agniths Days Hours	4 HRS Min.
deoili.	100. USUAL OCCUPATION (Give kind of wo during most of working life, even if reti	red) Real Estate		THPLACE (Stole or foreign Maryland	n country)	U.S.A.	UNTRY?
within /2 hours offer	13. FATHER'S NAME Morgan Jeter		14. MOTI	Emma Valent	ine		
77	15 WAS DECEASED EVER IN U. S. ARMED F	orces? 16 SOCIAL SECURITY N 213-16-371		c.Vets.Admir	Addres -Hospital,F	t.Howard,Md.	
ין שונחש וו	18 CAUSE OF DEATH [Enter only one PART I DEATH WAS CAUSED B IMMEDIATE CAUSI	V	o) Richi Midi	LE LOBE		INTERVAL BETWEE	ATH
	Conditions, if any, which)		COHOLISM W	TH FATTY LI	VER	UNKNOEN	
ui Dui	gove rise to immediate couse (a), stating the underlying couse last.	(c)					
))	5 24	ONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATE	D TO THE TERMINAL DISE	ASE CONDITION GIVEN	I IN PART 1(0) 19. WAS AUTO PERFORME YES K NO	ED?
5	OR CONTRIBUTING CAUSE OF DEA	TH R)	`				
en e	Y 20c TIME OF INJURY Month, Day, Hour o. m., p. m	Year 20d, INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJU- foctory, street,	JRY (Home, form, 20f (Golfice bldg., etc.)	City or town)	(County) ((State)
prior to burial, cremar	21. I certify that Vattended to	he deceased framOctol		57 , 10 October at 11: k5A M, fr		traccions recommended on the date stated of	
0	ACTUAL SIGNATURE	& Jan	J MO Ve		(Street, city or town, stonistration F	Hospital 10/21	51GNED 4/57
d .01.01	PHYSICIAN'S CHIEN WEI	LAN, M. D.		ort Howard,	Maryland		
	220. BURIAL CREMATION, 226. DATE THE REMOVAL (Specify) 10-28	-57 Baltimo	METERY OR CREMATO		Baltimore,		
· · ·	23 EMPHRAL DIRECTOR'S SIGNATURE	ADDRESS		DATE DO 3	1-57 Hau	cosaw L. Fa	she
CHARLE	S R. LAW MORTUARY, 90	2-04 Madison Av	re. Balto.,	Md.			

TO HOURITH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4

may be retained by the haspital or attending physicion.

TO FUNGAL DIRECTOR: After this certificate has been signed by the attending physicion and completely find page. The property of the page that the page that the page that the heavy of the page to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/\$\$

in by the funeral director, and 2 should be filed with MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



2 .V UARRUE

VS A15 (4) 1SM 9/5S I

M	ARY	LAND	STATE	DEPARTMENT	OF	HEALTH-	-B	ALTIM	ORE,	18	}

L		103	<u>51</u>	CERT	IFIC/	ATE OF DEATI	H		Reg. Di	N. K.	34	4
3	PLACE OF DEATH o. COUNTY BALT	IMORE		MAR	YLAND	2 USUAL RESIDENCE (W 0. STATE MARY)		ed lived, If institu b. COUNT	tion: Residen			
Г	b. CITY OR TOWN (II RURAL and give ne	autside carporete limi	ts, write	c LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF	autside carp	orate limits, write	RURAL and	give nec	aresi lowi	0)
	FORT HOWAR			31 DAYS		BALTIMORE	3 24					
	d NAME OF HOSPIT	AL (If not in haspital, g	ive street	address)		d. STREET ADDRESS		,			e. IS RES	SIDENCE FARM?
L	VETERANS A	DMINISTRAT	ION H	OSPITAL		8049 Gough	Stre	et				NO KIX
3	NAME OF DECEASED	Fic	st	Middl	le	Last	4. DATE	Mo	nih	De	39	Year
	(Type or print)	JAME	S	L		JOHNSON	OF DEATH	OCTOBE	R	29		19 57
5.	SEX	6. COLOR OR RACE	7 MARI	RIED TO NEVER MARI	RIED 🔲	B. DATE OF BIRTH		9. AGE (In year last birthday)				
	MALE	WHITE	WIDOW	ED DIVORC	E0 🔲	JANUARY 19.	1.908	119 yr	7	Days	Haurs	Min.
10	USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	dane 106.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (State	ar fareign	cauntry)	12. CIT	IZEN C	OF WHAT	COUNTRY
	PLUMBER	mg me, even n tempe	'	Plumbing	,	BALTIMORE	MARY	LAND	Į	J.S.	A.	
13.	FATHER'S NAME					14 MOTHER'S MAIDEN						
	JAMES EDW.	ARD JOHNSON	V			ANNA SCHU	JDER					
	WAS DECEASED EVER	IN U. S ARMED FOR		SOCIAL SECURITY N	0 17 1	NFORMANT		Ad	dress			
L	YES	WW-L1	2]	6-07-1129	CI	IN. REC., VET	. ADM	S. HOSP.	, FT.	HOW	ARD,	MD.
	18. CAUSE OF DEA	TH [Enter anly one co	use per li	ne far (a), (b), and (c	1] [[4	-) .		INT	ERVAL BE	TWEEN
	PART I. DEAT	TH WAS CAUSED BY IMMEDIATE CAUSE (o	CA	RCINOMATO	SIS	ann	san	olon	> /	Ü	MANO	W
	n	DUE TO										
	Canditions, if ar		1									
	gave rise to in couse (a), stating t							Page 1				
	lying cause last) (c]									
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEA	SE CONDITION G	IVEN IN PAR	T 1(a) 1	PERFO	AUTOPSY ORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]	20b DES	CRIBE HOW INJURY	OCCURRE	D (Enter nature of injury in	Part I or Pa	rt (Laf item 18.)				1
MEDICAL	20c. TIME OF INJURY	Manth, Day, Ter	or 20d I While at war	NJURY OCCURRED Nat white at wark	20e PL fa	ACE OF INJURY (Hame, farm ctory, street, affice bldg., etc	n. 20f (Cit	ly ar tawn)	(6	Caunly)		(State)
	21. I certify the	atVA attended the	deceas	ed from SEPTI	EMBIES	28,19 57, 100CT	COBER	29 10 5	7 thrutala	Inctra	mouthac	-darwers
						accurred at 3:45						
	1							Street, city or town		ie da		ATE SIGNED
	ACTUAL	1 10		2		WAH. FOR	T HOW	ARD, MAR	YLAND		7.0	-29-5
L	PHYSICIAN'S NAME (Type)	GEORGE VASI	I			M.D						*
22	. BURIAL, CREMATIO		F	22c. NAME OF CEA	METERY O	R CREMATORY	22d LOC/	LTION (City, town,	ar caunty)		(Stat	•)
	BURTAL (Specify)	11/4/57		BALTIMORE	NAT:	IONAL CEMETER	T BAI	LTIMORE,	MARYL	AND		
23	FUNERAL DIRECTOR'S			ADDRESS		1 1 240 REC	D BY MEGIS	TRAR 246. REC	SISTRAR'S SIC			
	YOTHE A BEING	DAST DOOD 1	T 1 1 T	maratorm am	T3 8 70 (T)	TENONE VICENIA			£ 11	4		

JOHN A MORAN, 3000 E BALTIMORE ST BALTIMORE AT LANGE

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40225

BECEINED

BUREAU V. S.

within 24

cuted

HOSPITAL

0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BULLAU V. S.

NO

(Stote)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

dunth. within 21 hours after

DECENVEN

ERBEVA A. 8

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 .10354

CERTIFICATE OF DEATH

10338 Reg. Dist. No.

	a. COUNTY	m-7.1		A1 A DAY 1 A	- 11	 USUAL RESIDENCE (Who or STATE 	ere deceased	l lived. If institut b. COUNTI		before admiss	ion)
<u> </u>			imor			Marylar			Balt	imore	
	B CITY OR TOWN (I RURAL and give no	f outside corporate limi earest town) Parkville	ls, write	c. LENGTH OF STAY IN 1	16	c. CITY OR TOWN (IF o		ole limits, write	RURAL ond giv	ve nearest town)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g		oddress)		d. STREET ADDRESS					FARM?
H		7819 Wils		ve.		7819 W	Vilson	Ave.		YES	NO
	NAME OF DECEASED (Type or print)	Fir M	arv	Middle Ti_	Jon	Lost eg	4. DATE OF DEATH	Mo	tober	/	fear 19 ピケ
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UNDE	2
	Female	White	WIDOW	DIVORCED	3	Nov. 7. 1875		lost birthday)		Pays Hours	Min.
10c	USUAL OCCUPATION during most of work	ung life, even it retired	done 10b.	KIND OF BUSINESS OR IN	NOUSTR		ar fareign ca		US. CITIZ	EN OF WHAT	COUNTRY?
13.	FATHER'S NAME			112 110410		14. MOTHER'S MAIDEN N		4.0			
			Field			Ma	ria H	Hooper			
15. (Ye		R IN U. S. ARMED FOR (If yes, give wor or doles of a		SOCIAL SECURITY NO.	17. INFC	DRMANT		Add	iress		
_	No			None	Mis.	s Naomi Jone	es 78	319 Wils	on Ave.	14	
Z	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Ty, which mmediate the under- (c)	4		CL	residence	LI	,	-	INTERVAL BE ONSET AND	DEATH
TFICATION	20n. ACCIDENT WA	S LINDSRIVING I		CRIBE HOW INJURY OCCU					VEN IN PARI	PERFO	RMED?
L CERT	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
MEDICAL	20c. TIME OF INJUR Hour o. ji. p. m.	Y Month, Day, Yes	While of war	Not while	foctor	OF INJURY (Home, farm, y, street, affice bldg., etc.)	20f. (City)	or town)	(Co	unty)	(State)
	21. I certify th	of [ottended the	decease	ed from LOL LS	6	, 19 <u>.3</u> , to <u></u>	2//7/	15219	thot I la	st saw the	deceased
	ACTUAL SIGNATURE	112/57 Le G +	12_ G	and that dec	oth o	courred at // A-	_M, from	the causes of the city or town,	ond on the	dote state	
	PHYSICIAN'S NAME (Type)	H.A.G.	RC	77, 100	2 .	13 a	to	14/	170:		T effer than this thire was one to
220	BURIAL, CREMATIO REMOVAL (Specify) BULL AL		F 1957	22c. NAME OF CEMETER Parkwo		REMATORY		ON (City, town, Ltimore.	or county)	(Stole)
23. ×	FUNERAL DIRECTOR		Home	ADDRESS 1401 Bes	lau	Pel base	BY REGISTR		STRAR'S SIGN	n. 19	acons

BUREAU V.

MAN - EN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10355 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) . COUNTY BALTIMORE o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Baltimore, Larvland iddle Liver d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Eastern Blv. Extended 2341 Madison Avenue 3. NAME OF First Middle 4. DATE Month DECEASED CALVIN (Type or print) JOY. DEATH Š 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 5 SEX 9. AGE (in years WIDOWED [DIVORCED [ale Negro 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired) pup 13. FATHER'S NAME may 14. MOTHER'S within 24 hours of Give Pages 1, 2 PM3. Page 5 may 17. INFORMANT Nő 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c)/ PART I. DEATH WAS CAUSED BY: JMMEDIATE CAUSE (a) olong with far burial-transit p **DUE TO** Conditions, if ony, which pencil gave rise to immediate couse DUE TO (o), stoting the underlying ō cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19, WAS AUTOPS ő 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18) PRIMARY OF CONTRIBUTING 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 120f. (City or town) of wark 1 at work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection 1 to the Chief I death resulted fram: Natural causes Accident 71 Suicide Homicide Undetermined cause 5 **ACTUAL** CHIEF MEDICAL EXAM NER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER .

Reg. Dist. No.

e. IS RESIDENCE ON A FARM?

YES NO T

Year

1957

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO P

DATE GICKIES

(Stote)

Bultimore

IF UNDER TYEAR

Months

AM NER []	12/1
XAMINER X	10/20/1
22d. LOCATION (City, town, o	or county) (Stote)

Inquiry

23. FUNERAL DIRECTOR'S SIGNATURE EIROY O.WILSON

220. BURIAL CREMATION.

22b. DATE THEREOF

ADDRESS 1000 Brantley Avenue

22c. NAME OF CEMETERY OR CREMATORY

Mount Calvary

Anne Arundel 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS. A15ME(5) SM 9755

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BUREAU V. 2

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1		MARYLAND STATE DEPARTMENT OF HEALTH—E	BALTIMORE, 18 10340 38
director.	1.	PLACE OF DEATH o. COUNTY Balto, MARYLAND 2 USUAL RESIDENCE (Where de o STATE Md.	eceased lived. If institution, Residence before admission) b. COUNTY Balto
# 1 E # 1		b. CITY OR TOWN (If autide carporate limits, write RURAL and give nearest lown) Towson C. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside	carporate limits, write RURAL and give nearest lown)
by the funding 1.2 should	-	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 602 Woodbine Terrace 602 Woodbine 1	e is residence On A FARM? YES NO NO
24 hou	3	NAME OF DECEASED First Middle Lost 4. D.	ATE Month Day Year SEATH Oct. 31. 19 57
d within the letely fi	5.	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH White WIDOWED DIVORCED July 21, 1871	9. AGE (In yours IF UNDER I YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min.
nd comple a popers death.	100	o. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stale or fore during most of working life, even if retired) Teti red Mde	eign country) 12. CITIZEN OF WHAT COUNTRY?
2 0 2 2	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
sicion re co		Edward Joyes Marcella Jean	n
Phy Phy No.	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 17. INFORMANT	Address
ing ling			s - 602 Woodbine Terr. Towson
deal frenc filhi		1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY.	1 INTERVAL BETWEEN ONSET AND DEATH
the are are are are are are are are are ar		IMMEDIATE CAUSE (a)	almostm
Fat Fat		420.1 DUE TO 0	
er militario		Canditions, if ony, which (b) gave rise to immediate DUE TO	
2		cause (a), stating the <u>under-</u> DUE TO	
physicial physicial day re law re law re law seen ial-transi navol, an	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO P
IIAN: Ti fending fiscote h lhe bur or ren	L CERTIFICA		ar Parl (I of item 18.)
PHYSIC al or at his cert his cert use as emotion	MEDICAL	20c TIME OF INJURY Month, Day, Year Hour a.m. p. m. 19 20d. INJURY OCCURRED While Not while at work of work	f. (City or tawn) (County) (Stole)
Spital Spital Control of Spita		21. I certify that I attended the deceased fram	19.5. That I lost saw the deceased
the house had a stacked burion			from the causes and an the date stated abave. ESS (Street, city or town, state) DATE SIGNED
OR AT		ACTUAL SIGNATURE DOLL SIGNATURE M.D. 18 E-S	Egg 80 3 2 W-1,5
TAL ALD ALD Manie		PHYSICIAN'S WALTER BURK	
HOSI BO PE FUNE FUNE FUNE FUNE FUNE FUNE FUNE FUN		REMOVAL (Specify)	LOCATION (City, lown, or county) (Stote)
5 5 g =		Burial 11/2/57 New Cathedral Cem FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY R	Balto Md. REGISTRAR 246. REGISTRAR'S SIGNATURE /
VS A15 (4) 15M 9/55		Am. J. Victerier 4 Sons. Halto 17, DATE 11/51	157 Malel Gran
	-	Mas	10

BUREAU V. S.

A DESTINATION.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 10260 Rea. Dist. No. director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND Baltimore Maryland Bal timore 竹 deoth: the funeral a should be fil b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Dundalk 22 vears Dundalk 22 d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2015 Shore Road 2015 Shore Road YES TO NO X NAME OF Middle Month Year OF DEATH within 24 **CLARA** ESTHER KAUFMAN October 2nd. (Type or print) 9. AGE (In years last birthday) 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH LIF UNDER 1 YEAR IF UNDER 24 HRS female white Hours Dec.16.1890 DIVORCED T WIDOWED I 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Home (Family) gud Housewife Baltimore.Maryland TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clara Roberts George H.Curry 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO 17 INFORMANT Address none 7450 Lawerence Rd. no Mrs. A.W.Krieger. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EREBROVASCULAR ACCIDENT DUE TO TERIOSCLEROTIC HYPERTENSIVE Conditions, If any, which gave rise to immediate couse (a), stating the under-CARDIO UASCULAR DISFASE YRS. lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19, WAS AUTOPS PERFORMED? YES TO NO 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State) factory, street, office bldg., etc.) Hour a n. Nat while at wark at work p. m. OCTOBER 1956. 10 2 OCT 19 5 7 that I last saw the deceased 21. I certify that I attended the deceased from __, and that death occurred at 2:15 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PELLU JID DR. W. E. BAERMANN 33 DUNDALK AVENUE PHYSICIAN'S NAME (Type) DUNDALK 22 MARYLAND 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Oak Lawn Cemeterv Baltimore Co.. Md. Burial 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR Baltimore 22

EUNEAU V. K.

12 V.125 (1)

VS A15ME(5) 5M 9755

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10342 10266 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

,	1
4	4

1. PLACE OF DEATH a. COUNTY	BALTIMORE		MARYLAND	2. USUAL RESIDEN		ned lived. If inst		re before odmission) TIMORE
b. CITY OR TOWN (IF and give nearest town)	BALTIMORE	RAL C. I	ength of stay in 16	11	MN (If autside co	rporate limits, wri	te RURAL and g	ive nearest town) *
	ALOR INSTITUTION (IF no Steel Co.]			d. STREET ADDI 934 S.	Kenwood	Ave.		ON A FARM? YES NO R
3. NAME OF DECEASED (Type or print)	ANTHO	NY	Middle F .	KIELIAN	4. DATE OF DEATH	Ma 1	9-31-57	Day Year 19
5. SEX Male		MARRIED [NEVER MARRIED 8		1923	9. AGE (In years fost birthday) 34 yr		YEAR IF UNDER 24 HRS. Bys Hours Min.
10o. USUAL OCCUPATION during most of working Lineman	N (Give kind of work dang life, even if retired)	Stee				country)		S.A.
13. FATHER'S NAME	72.3	7.		14. MOTHER'S MAI		074		
Mr. Flo	T J MAL	lian			yanna	Szeli		
Yes no. or unknown)	R IN U. S. ARMED FORCE	re) I	12-3382 M	es.Marya	nna Sz	eliga,		S. Kenwood
	H [Enter only one cause ; H WAS CAUSED BY:	per line for (a), (b), and (c).]		-			INTERVAL BETWEEN ONSET AND DEATH
1023	IMMEDIATE CAUSE (a)							
Canditions, if ar gave rise to immed (a), stating the u cause last.	iale cause DUE TO		ssed fracture					
PART II. OTH	ER SIGNIFICANT CONDITI	ONS CONTRA	BUTING TO DEATH BUT N	OT RELATED TO THE	TERMINALDISEA	SE CONDITION G	IVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
2	NONE							YES NO
PART II. OTH 200. EXTERNAL CAU PRIMARY II. OTH CAUSE OF DEATH. COURT IME OF INJUR Hour g. m. 11:50 2636	MONE WI	ile at	Y OCCURRED 20e. PLAC	ll from po	ole at er	nd of coa	(Caun)	
	at I taok charge af							X), and find that
death resulted	fram: Natural cai	uses .	AccidentX, Suid	cide 🔲, Hom	icide 🔲, U	Indetermined	cause .	
ACTUAL SIGNATURE	nBA.	avo	1	_M.D. CHIEF MEDIC	CAL EXAMINER]		DATE SIGNED
EXAMINER'S NAME (Type)	M.B. Davi			DEPUTY MED	MEDICAL EXAMINER			10-31-57
220. BURIAL, CREMATION REMOVAL (Specify) Burial	5 Nov. 1	957St	NAME OF CEMETERY OR Stanisla		22d LOCA 130	OO Dund	alk Av	e, Balto.
23 FUNERAL DIRECTOR	signature who will	000 s.	Kenwood Balto	A	REC'D BY REGIS	1957	SISTRAR'S SIGN	J. L. Farke

UREAU V. R.

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DECENTED EN

DATECT

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within 24

BUREAU V. E.

DECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10344 44 10358 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard 37 days Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE 50 ON A FARM? Veterans Administration Hospital 2023 Ramsay Street YES NO TO NAME OF 4. DATE Middle Month Year OFATH (Type or print) RA YMOND W. K(0)DISSIADIR October 19 57 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED PO 9. AGE (in years IF UNDER I YEAR IF UNDER 24 HRS B. DATE OF BIRTH lost birthday) Months Days DIVORCED | WIDOWED [Male 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 17 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Power Station Operator Chemical Co. Marvland U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Herman Koehler Margaret Hoffman IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 12. INFORMANT Address Yes WWI Clin. Rec. Vets. Admin. Hospital. Ft. Howard. Md. 220-03-9283 IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CARCINOMATOSIS 5 X DUE TO Conditions, if ony, which ADENOCARCINOMA SIGMOID YEARS gove rise to immediate DUE TO coute (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 🦳 NO 📆 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg, etc.) Hour o. m. Not while While of work of work pairs reconnected above and that death occurred at 9:25_P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL MO. Veterans Administration Hospital PHYSICIAN'S NAME (Type) Fort Howard, Md. H. WILSON, M. D. 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) REMOVAL (Specify) Baltimore, Maryland Burdal 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE

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E . N NVII. d

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1	22	19-17-57 ams See: Item 1	CERTIFICA	ATE OF DEATH	3
-	1 (LACE OF DEATH		Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admiss)	
	¢	Dag lunc	MARYLAND	o STATE b. COUNTY - C	out
M)	-	. CITY OR TOWN (If autside corporate limits, write c. LENGTH	OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
THE J	6	RURAL and give nearest town) it with he lets.	15.	12/44/N/48/14/1// Baltimore 33 7	
12	3	NAME OF HOSPITAL (If not in hospital, give street address) OR NSTITUTION	, ,	d. STREET ADDRESS 3200 Clarence Avenue e. IS RES	DENCE FARM?
	-	CSEWOOD STETE RAINING	School	₩ 174 AA 111113 — YES □	
j		JAME OF First	Middle f /	11 1 0 - OF 32 1-	ear
ŀ	5. 5	EX (6. COLOR OR RACE 7. MARRIED NEV	SP MAPPIED CIL		95 / R 24 HRS
		WIDOWED []	DIVORCED [8. DATE OF SIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 1 YEAR 1 Y	Min
	10a	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BU			COUNTR
		NONE NO	V C	Md. Between U.S.A	
/		FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
-		LOBERT J. HORY ST.	117 I	INFORMANT Address	
	(Yes	no. or unknown) [If yes, give wor or dates of service]		Parents. 3200 Clarence Ave Zone	1 2
F	7	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b)		INTERVAL BE	
		PART I. DEATH WAS CAUSED BY:	WHILL	Ultitti With Broncho-pneumonia	DEATH
		DUE TO	7		- de
		Conditions, if any, which gove rise to immediate (b) Acute Br	onchitis	19!12	11.7
		casse (a), stating the under DUE TO		z udyi	3
	Z.	1ying cause last. 447. 8 (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS	UTOPSY
	ATIC	Spastic diplect (Idiot), Hype	entuita	arism or primary gonadal defect, PERFO	KWEDZ
	RTIFIK	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW OR CONTRIBUTING CAUSE OF DEATH	INJURY OCCURRE	ED. (Enter nature of injury in Port I ar Part II of item 18.)	
	L CERTI	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCU	hile fo	LACE OF INJURY IHame, form, 20f. (City or town) (Caunty) octary, street, office bldg., etc.)	(State)
		p. m. 19 al work at wor			
				1967, to Oct 12 1967, that I last saw the	
			and that death \mathcal{M}_{\bullet} \mathbb{D}_{\bullet}	h accurred at AM, from the causes and an the date state ADDRESS (Street, city of town, state) DA	d abov Te sign
- 1		ACTUAL SIGNATURE	y manufacture (i)	NO 1205E WOOD State Training	Mel
- / 1		en // 194		/	
-/		PHYSICIAN'S P	and any	M N	
1		PHYSICIAN'S CONRADO BOG	13417	MP.	
/	220	BURIAL, CREMATION, 22b. DATE THEREOF PEMOVAL (Specify)	E OF CEMETERY O)
		BURIAL, CREMATION, 22b. DATE THEREOF PEMOVAL (Specify) 22c NAM	E OF CEMETERY O	Cem. Baltimore Md.)
	23.	BURIAL (Specify) BURIAL (Specify) BURIAL (Specify) BURIAL (Specify) BURIAL (Specify) BURIAL (Specify)	E OF CEMETERY OF	Com. Baltimore Md.)

R 'A CYCLEN

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MARYLAND	STATE DEP	ARTMENT	OF HEA	LTH-BALTIMORE,	18
40200	CED:	HEICATE	OF DE		

CERTIFICATE OF REATH

10346

L		10	300	CERT	IFICA	IL OF L	PAIL	1		Reg. D	ist. No		9 7
1.	PLACE OF DEATH a. COUNTY Baltimore	3		MAR	YLAND	2 USUAL RESI		ere decease	d lived, If institut b. COUNTY		nce befo		Hon)
Г	b. CITY OR TOWN (II RURAL and give no		its, write	& LENGTH OF STAY	'IN 15	c CITY OR 1	TOWN (If a	utside corpo	orola limits, write f	URAL ond	give ne	grest town	r)
	Fort Howa	ard,		38 Days		Balt	imore		,	1 %			
Г	d NAME OF HOSPITA	AL (If not in hospital, s	ive street	oddress)		d STREET A	DDRESS					e. IS RES	SIDENCE FARM?
		Administra	ation	Hospital		622	West	Phirty	y-third S	treet	t		NO 🔀
3.	NAME OF DECEASED	Fir	rst	Middle		Los	1	4. DATE	Moi	rth	De	ру	Yeor
	(Type or print)	FRANK		H_{ullet}		KONE		DEATH	October		1	7	1957
5.	SEX	6. COLOR OR RACE	7 MARR	IED NEVER MARRI	ED 🗍	B. DATE OF BIRTI	Н		9. AGE (In years				ER 24 HR%
L	Male	White	WIDOWE	DIVORCE	D []	April 2	0,1899	9	lost birthdoy) 58 yrs.	Months	Doys	Hours	Min
100	during most of work	N (Give kind of work- ing life, even if retired	done 10b	KIND OF BUSINESS O	OR INDUS	TRY 11 BIRTHPL	ACE (Stote	or foreign c	country)	12. CI	TIZEN C	OF WHAT	COUNTRY
	Engineer		' 1	Railroad		Balt	imore	, Mary	yland	U.	S.	A.	
13.	FATHER'S NAME					14 MOTHER'S	MAIDEN N	AME					
1	Frank H.	Kone				Sara	Schaf	fer					
15	WAS DECEASED EVER	IN U. S ARMED FOR	CES? 16.	SOCIAL SECURITY NO), 17 lt	FORMANT			Add	FØ22			
Ľ	Yes	WW I	7	17-07-8817	C1:	In.Rec.	Vet.Ac	dm. Hos	spital.Ft	. Howa	ard.	Md.	
Г	18. CAUSE OF DEA	TH [Enter only one co	usa per lir	e for (o), (b), and (c)							INT	ERVAL BE	TWEEN
	PART I. DEAT	TH WAS CAUSED BY:	ART	ERIOSCLERO	TIC (CARDIOVA	SCULA	R DISH	EASE		U	NKNO	NN
	422.1	DUE TO	,			· ·							
П	Conditions, if or		a										
ı	gove rise to in Cause (a), stating t	nmediate { Due To											
	lying couse lost.) (0]										
N	PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THETERMI	NAL DISEAS	E CONDITION GI	VEN IN PAI	RT 1(0)	P. WAS	AUTOPSY RMED?
3	CIRRHOSIS	OF LIVER	+ - D	URATION UN	KNOWI	1							COM
CERTIFICATION	200 ACCIDENT WAS	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE\$0	RIBE HOW INJURY C	CCURRED	. (Enter noture o	finjury in P	ort I or Per	rt II of item 18)				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
MEDICAL		Month, Day, Ye		JURY OCCURRED	20e. PLA	CE OF INJURY	Home, form,	20f (Cin	y or lown)	-	(County)		(Stole)
l S	Hour o, m.	19 '	While of world	Not while	100	tory, street, office	orag., erc.	1					
	21. I certify the	at I attended the	decease	d from Sept	ember	919.57	. to Oct	tober	17 12.57	JASKK	160%	1 3 (56)	CHACK YOU
	9039(9900000)		XXIXX	CXXXX and that	death	occurred at					he do	te state	ed above
		1	2				-	ADDRESS (S	itreet, city or town,	state)		DA	ATE SIGNED
	SIGNATURE	1rung	Try	eman		AD. VAH,	FORT	HOWAF	RD, MARYI	AND		10/	18/57.
	PHYSICIAN'S	- 0							•				,
-	NAME (Type)	RVING RREI				cal Ser	vice						
320	 BURIAL, CREMATION REMOVAL (Specify) 	1 .		22c. NAME OF CEM					TION (City, town,			(Stote	e)
	Burial	10-21-	> /		idge	Cemeter	·		imore, Ma		*****		
123.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a, REC'C	BY REGIST	TRAR 245 REGI	STRAR'S SI	GNATU	RE _	4

DATE 16

Paul E. Chenoweth, Jr. 3615-17 Chestnut Ave. Ealtimore, Maryland

VS A15 (4) 1SM 9/S5

MI VIESELY

2.61 RR 10.1

BUREAU V. S.

		MARY	LAND	STATE D	EPARTN	MENT OF H	IEALTH	I—BAL	TIMORE, 1	8, .			
		10	361	CE	RTIFIC	ATE OF I	DEATH	ł		Reg. Dis	t. No.	4	1
1.	PLACE OF DEATH COUNTY Baltim	ore			MARYLAND	II a STATE	dence (wh		d lived. If institution b. COUNTY		e before		an)
		outside corporate lim	ts, write	c LENGTH OF	STAY IN 16				orate limits, write RL) \
L	Fort H	oward		1 Day		I	3_{a} ltim	ore		A	6	2	
, [d. NAME OF HOSPIT	AL (If not in hospital, s	jive street	oddress)		d. STREET A						IS RESI	DENCE FARM?
		ns Adminis	<u>trati</u>	on Hosp	ital_		211 So		ulaski St	reet		YES 🗌	NO 🔀
3.	NAME OF DECEASED (Type or print)	Fi	# EDWAR		Middle H.	KRATZ	st	4. DATE OF DEATH	October		Doy 22		9 57
5.	SEX	6. COLOR OR RACE	7. MARI	RIED 🔀 NEVER A	AARRIED	B. DATE OF BIRT	н		9. AGE (In years last birthdoy)	Months	YEAR I	-	
_	Male	White	WIDOWI	[_]	ORCED	September		1915	42 yrs.	Willias	Deyi	Hours	Min.
110	a. USUAL OCCUPATIO during most of work	IN (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSIN	IESS OR INDU								COUNTRY
	Drill	er	Co	ncrete (Company		timore		yland	U.	S.	A.	
113	FATHER'S NAME	V				14. MOTHER'S		_	- 1 - 3				
159	Harry WAS DECEASED EVER		CES2 14	SOCIAL SECURIT	Y NO 17	Wilhe]	umina	DUCKT	OTC Adde	A. .			
		If you give mor or dates of a					Vot A	dm Ho			nd N	ข้องขา [*]	land
F	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]												
	PART I DEATH WAS CAUSED BY UNKNOWN ESOPHAGEAL VARICES ONSET AND DEATH UNKNOWN											DEATH	
	* DUE TO												
	Conditions, if or	ny, which)	CIRR	HOSIS OF	F LIVE	R					UN	VKNOV	νN
	gave rise to in couse (a), stating t lying couse lost.	the under: DUE TO											
12		ER SIGNIFICANT CON		ONTRIBUTING T	US HTA3D O	T NOT RELATED TO	THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PART	1(0) 19.	. WAS A	UTOPSY
CERTIFICATION				***************************************							1	PERFOR	RMED?
- E	20a. ACCIDENT WA	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJU	URY OCCURR	ED (Enter noture o	of injury in P	art I ar Poi	rt II of item 18.)				
- 1		MEDICAL EXAMINER)											
MFDICAL	Hour o.m.	r Month, Day, Ye	While	NJURY OCCURRE Not while k of work	_ fo	LACE OF INJURY Exclory, street, office	Home, form, e bldg., etc.	20f (Cit	y or town)	{C	ounty)		(State)
1		atVIAsttended the				And the second	7 to Oc	tober	22 1957	3CYCX.	NEV THEN		ula zarowani
			/ ~) Indi dedii	ii occorred of			itr ee t, city or town, :		e ooie		ITE SIGNED
	ACTUAL SIGNATURE	luca	W	2114	11	MD. VA H	OSPIT	AL.FO	RT HOWARD	MARY	LAND	10	0/23/9
	PHYSICIAN'S C	HIEN WEI L	AN, I	I.D.									,
2.	8 BURIAL, CREMATION	N. 226. DATE THEREC) F	22c. NAME OF	CEMETERY (OR CREMATORY			TION (City, Iown, o			(Stole	1
	REMOVAL (Specify)	10/201	57		nore-Na	ational		Balt	imore, Ma	rylan	d		
2	FUNERAL DIRECTOR	SIGNATURE	reli	ADDRESS			240. REC'E	8Y REGIS	TRAR 246 REGIS	TRAR'S SIG	NATURE	OH	1
- 15		ral Home 2	101 F	rederic	k Ave.		BAR T	251	1057 Na	erson	120	Ta	rler

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		103	362	CERTIF	ICA	TE OF	DEAT	H		Reg. D	ist. No		33
	LACE OF DEATH . COUNTY Bal	to.		MARYL	AND	2. USUAL F	esidence (w	here decesse	d lived. If institut b. COUNTY	ion, Reside Balto	ince befo	re admis	sian)
Ь	. CITY OR TOWN (II	outside corporate limi	is, write	c. LENGTH OF STAY IF	N 16	c. CITY	OR TOWN (IF	outside carpo	prote limits, write	RURAL and	give ne	orest low	n)
		ngs Mills	P.O.			X	Owings	Mills	P. O.				
d	OR INSTITUTION	AL (If not in hospital, g		oddress)		d. STREI	Wards	Chanel	Rd_				SIDENCE A FARM? NO [
3. N	IAME OF	Fir		Middle			Lost	4. DATE	Ma	nih	De	у	Year
	ype or print)	WILHEL	MI NA	ELI ZABET	TH	KUHN	ī	OF DEATH		Oct.	7		1957
5. \$1	X	6. COLOR OR RACE	7. MARI	HED NEVER MARRIED		DATE OF	IRTH		9. AGE (In years lost birthday)	IF UNDE			ER 24 HRS
Fe	emale	White	WIDOW	ED 🔂 DIYORCED		Feb. 2	26. 188	0	77 712	Months	Days	Hours	Min.
Ι.	USUAL OCCUPATIO	IN (Give kind of work of ing life, even if retired	done 10b	KIND OF BUSINESS OR			HPLACE (SION	or foreign c	ountry)	12. C	TIZEN C	F WHAT	COUNTRY
13. F	ATHER'S NAME					,	R'S MAIDEN	NAME		1			
	Louis Bac	hmann				Edd	sa Ker	22					
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. IN	FORMANT			Ado	dress			
Yes.	no, or unknown)	if yes, give wor or dates of s		none	Mr	s. K.	Elise	Fitzpa	trick -	Ward	Char	oel H	Rd.
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), and (c)						·		ERVAL BI	
Н	PART I. DEA	TH WAS CAUSED BY:	co	ronary Th	rom	oosis					ON	SET AND	DEATH
Ш		DUE TO	-										
Н	Conditions, if or	ny, which) (b	. Ar	terioscle:	rot	ic C	ardio	-Vasc	ular Di	seas	e		
Н	gove rise to it couse (a), stating t	nmediate (
Н	lying couse last.	(c	:)										
Š	PART II OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH SUT	NOT RELATED	TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o)	9. WAS	AUTOPSY ORMED?
3													NO [
EE	20g ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter notu	re at injury in	Part I or Par	t II of item 18)	· · · · · · · · · · · · · · · · · · ·			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye 19	or 20d, 1 While ol wor	Nat while	20e. PLA foct	CE OF INJU	RY (Hame, for ffice bldg., et	m, 20f (City c.)	ar tawn]		(County)		(State)
	21. I certify th	at I attended the	deceas	ed fram 11-	29	195	4 to 1	0-7-5	7, 19	that !	lost s	ow the	decenser
	alive on	24	19	57 , and that ϵ									
П				and mark	acum	occorred	Wilderdon Inc.		treet, city or town		ille do		ATÉ SIGNED
	ACTUAL SIGNATURE	Vertin E.	80	the	N	D		**					
	PHYSICIAN'S NAME (Type) [V	antin E	Str	obel M.D.		_Re	ister	stown	Mary	and-			
270.	BURIAL, CREMATIO REMOVAL (Specify) BUTTLEL	7/10/57		Ze. NAME OF CEMEN		CREMATOR	Y	22d LOCA	TION (City, town	or county)		(Sta	te)
23. F	UNERAL DIRECTOR			ADDRESS	0	/	24g, REC	'D BY REGIST		STRAR'S S	IGNATU	RET /	
5	WM: 4.	Michine	1001	\$1.1.1	CN	toill	OATE T	" 0	1007	V/h.	11/2	ter	e
لأحصا							-UU-	Ŏ	199/		1	-	Ġ.

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 in by the funeral director, and 2 should be filed with may be retained by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fit page havid be detached for use as the burial-transit permit. Then please remove carbon papers. Page the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after devolution.

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VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. L.

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icate shavid be executed	ng" in pencil in Item 18	Office along with farm I	d as a burial-transit per
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rtificate shavid be executed	nding" in pencil in Item 18	r's Office along with farm i	used as a burial-transit per
ertificate shavid be executed	pending" in pencil in Item 18	er's Office along with farm i	e used as a burial-transit per
certificate shauld be executed	'pending' in pencil in Item 18	iner's Office along with farm i	be used as a burial-transit per
is certificate shauld be executed	"pending" in pencil in Item 18	niner's Office along with form I	I be used as a burial-transit per
his certificate shavid be executed	d "pending" in pencil in Item 18	aminer's Office along with farm I	id be used as a burial-transit per
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t: This certificate shauld be executed	ward "pending" in pencil in Item 18	Examiner's Office along with farm I	hould be used as a burial-transit per
ER: This certificate shavid be executed	ward "pending" in pencil in Item 18	of Examiner's Office along with farm I	should be used as a burial-transit per
VER: This certificate shauld be executed	se ward "pending" in pencil in Item 18	cal Examiner's Office along with farm I	3 should be used as a burial-transit per
iMER: This certificate shauld be executed	the ward "pending" in pencil in Item 18	dical Examiner's Office along with farm I	e 3 should be used as a burial-transit per
MiNER: This certificate shavid be executed	g the ward "pending" in pencil in Item 18	edical Examiner's Office along with farm I	ge 3 should be used as a burial-transit per
AMMER: This certificate shavid be executed	ng the ward "pending" in pencil in Item 18	Medical Examiner's Office along with farm I	lage 3 should be used as a burial-transit per
KAMINER: This certificate shavid be executed	ting the ward "pending" in pencil in Item 18	Medical Examiner's Office along with farm I	Page 3 should be used as a burial-transit per
EXAMIMER: This certificate shavid be executed	riting the ward "pending" in pencil in Item 18	of Medical Examiner's Office along with farm I	t: Page 3 should be used as a burial-transit per
. EXAMINER: This certificate shavid be executed	writing the ward "pending" in pencil in Item 18	ivef Medical Examiner's Office along with farm I	2R: Page 3 should be used as a burial-transit per
AL EXAMIMER: This certificate shauld be executed	, writing the ward "pending" in pencil in Item 18	Chief Medical Examiner's Office along with farm I	IOR: Page 3 should be used as a burial-transit per
LAL EXAMINER: This certificate shauld be executed	le, writing the ward "pending" in pencil in Item 18	Chief Medical Examiner's Office along with farm I	STOR: Page 3 should be used as a burial-transit per
ICAL EXAMIMER: This certificate shavid be executed	ate, writing the ward "pending" in pencil in Item 18	e Chief Medical Examiner's Office along with farm I	ECTOR: Page 3 should be used as a burial-transit per
DICAL EXAMINER: This certificate shavid be executed	cate, writing the ward "pending" in pencil in Item 18	the Chief Medical Examiner's Office along with farm I	RECTOR: Page 3 should be used as a burial-transit per
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MEDICAL EXAMINER: This certificate shauld be executed	rt.ficate, writing the ward "pending" in pencil in Item 18	to the Chief Medical Examiner's Office along with farm I	DIRECTOR: Page 3 should be used as a burial-transit per
MEDICAL EXAMINER: This certificate shauld be executed	ertificate, writing the ward "pending" in pencil in Item 18	I to the Chief Medical Examiner's Office along with farm I	A DIRECTOR: Page 3 should be used as a burial-transit per
Y MEDICAL EXAMBLER: This certificate shauld be executed	cert.ficate, writing the ward "pending" in pencil in Item 18	ed to the Chief Medical Examiner's Office along with farm I	At DIRECTOR: Page 3 should be used as a burial-transit per
ITY MEDICAL EXAMBLER: This certificate shauld be executed	e certificate, writing the ward "pending" in pencil in Item 18	ded to the Chief Medical Examiner's Office along with farm I	'RAL DIRECTOR: Page 3 should be used as a burial-transit per
PUTY MEDICAL EXAMINER: This certificate shauld be executed	the certificate, writing the ward "pending" in pencil in Item 18	rded to the Chief Medical Examiner's Office along with farm i	FRAL DIRECTOR: Page 3 should be used as a burial-transit per
DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please exe-	te the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function. Page 4 should be	Added to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for Files.	*RAL DIRECTOR: Page 3 should be used as a burial-transit per

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10267 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

103504

Reg. Dist. No.

). I	COUNTY THE TENTON BELTO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Md b. COUNTBEL to e
)	b	c. LENGTH OF STAY IN 16 and give nearest found. Relay	c. CITY OR TOWN (IF outside corporate limits, write RURAL and give nearest fawn) 4 ? Relay
1	c	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 1701 River Road	d. STREET ADDRESS 1701 River Road o. IS RESIDENCE ON A FARM?, YES \(\sum \text{NO} \)
	-1	NAME OF First Middle DECEASED Paul Leroy Lanahan	Loss 4. DATE Month Day Year Oct 929 9 1957 19
	5. 5	Male White WIDOWED DIVORCED	Octo 20 4 18 9. AGE (In years lost hushday) North Days Hours Min
N. Spep		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIBUTION OF BUSINESS OR	- Ma lisa
		linknow	14. MOTHER'S MAIDEN NAME
3	15. {Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN [if yes, give wor or dates of service] 2//, 03 23/2	Mandy Lanahan 1701 Roser Ld
)		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lest.	OOSÌS INTERVAL BETWEEN ONSET AND DEATH
>	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 11.
		20g EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	ler noture of injury in Part I or Part II of tiem 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m 19 20d. INJURY OCCURRED 20e. PLAC While Not while of work cot work	E OF INJURY (Home, form, y, street, office bldg., etc.) (City or town) (County) (State)
		21. I certify that I taok charge of the remains described above death resulted fram: Natural causes Accident , Suice	e, held an Autapsy, Inspection [4], Inquiry [7], and find that ide, Homicide, Undetermined cause
ol.		EXAMINER'S Geo. S. II. Kieffer M.D.	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Oct. 29,1957
	_	BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMOVAL (Specify)	REMATORY 22d. LOCATION (City, toyn, or county) (State)
	41	uzouh J. Umbuse 13 to Suitahan	24a. REC'D BY REGISTRAR / 24b. REGISTRARY SIGNATURE RANDOUTE 4 195 De Sent M. Ruffey,

R W UASAUL

1961 + NON

VS A15 (4) 15M 9/55 I

Reg. 1.0351

3. 1	LACE OF DEATH						2. USUAL RESID	DENCE (When	re deceon			ını Resider	ce befo	re admis	iion)
· '	Bal	to.			MARYLA	UND	a. STATE	Md		b. (COUNTY	Bal	to.		
1	. CITY OR TOWN (IF	autsida corporate limit	h, wrile	c LENG	TH OF STAY IN	116	c. CITY OR I	OWN (If out	side corp	orote limit	s, write RL	JRAL ond	give nec	irest tow	n)
	RURAL and give ned Cat	onsville						Ca	tons	ville					
,	I. NAME OF HOSPITA	AL (If not in hospital, gi	ive street	oddress)			d STREET A	DDRESS						e. IS RE	SIDENCE
	Shady No.	ok Nursing	Home	-N-	Rolling	Rd	,	20	1 N.	Roll	ing E	Rd.			FARM?
3	NAME OF	Fig			Middle		las	-	4 DATE	31044	Mont		Do		Year
	Type or print)	NETT			L	т	ENHARD		OF DEATH	4	_	et.	3	У	1957
5. 5		6. COLOR OR RACE		ISO D N	EVER MARRIED		B. DATE OF BIRTH					IF UNDER	LIYEAR	IF UND	ER 24 HRS.
			WIDOWI		DIVORCED				_	fost bi	irthday)	Manths	Days	Hours	Min.
	Female	White N (Give kind of work d					Jan. 22				7 yrs.	12 CI	TIZENI C	E WHA!	COUNTRY?
	during mast af worki	ng life, even if retired)				114003			r rorwigh i	coominy		12. CI	III.EIN C	IF THEM	COUNTRY
	Assit. Tre	as.	Re	tall	Shoes		Md.		415						
							14. MOTHER'S								
		Wm. Lenhar						ry Lou.	150	Pruet					
		IN U. S. ARMED FORE		SOCIAL S	ECURITY NO.		IFORMANT				Addr				
- 2	no					Dr	. R. E.	Lenha	rd -	217	St. I	Dunst	ans	Rd.	
	18, CAUSE OF DEAT	TH [Enter only one co	use per lis	ne for (o),	(b), and (c).]		_						INT	RVAL B	TWEEN
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)		91	MAN	n (000	Our					JOIN.	d attention	Men
	420,1	DUE TO		/	C1	7	7			-					
	Conditions, if on	y, which) (b)	. <i>H</i>	27/1	1274	w	and on						4	C' 41	
	gove rise to im	mediate (DUT TO		10	/								1	,	
	couse (o), stating the lying couse last.	he under-		14	Er-16) - /	2.00	n 77 200	-1				C/-	c cc	7)
z	PART III, QTH	ER SIGNIFICANT CON	DITIONS O	ONTRIBU	TING TO DEAT	H BUT	NOT RELATED TO	THETERMIN	AL DISEA	SE CONDI	TION GIV	EN IN PAR	t Vol 1	9. WAS	AUTOPSY
CATIC	(Va	ECCEL.	ر د د	(L	chi	20-	(1)							_	RMED?
TIFIC	20g ACCIDENT WAS	S UNDERLYING	20b. DES	CRIBE HO	W INJURY OCC	URREC), (Enler noture o	f injury in Po	et t or Po	ort It of ite	m 18 j				
MEDICAL CERTIFICATION	(IF EITHER, NOTIFY	MEDICAL EXAMINER)		V											
ICAL	20c. TIME OF INJURY	Manth, Day, Yea		VIURY OC			CE OF INJURY I		20f (Cit	ty or Iown)		{	County)		(Slote)
WED	Hour o.m.	19	While of wor		white rark	TOC	tory, street, affice	r triog., alc.)							
	21 Leastifu the	at Lattended the	docoor	ad from	Mia	1	~ 193	1 to (5	IP V	.3	190	7,6-4.1	last se	41-4	deceased
	alive on	I direited the	10.4	(7		AL		1. 300	1						
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	SIGNATURE	LANTIN	4616	- y C	774	/	M.D		S.Y.		Laboration	575			
	PHYSICIAN'S NAME (Type)	Wetherhe	e Fo	rt,	T. D.	,]	110 St	. Pat	1 S	troe	+, 3	elti	23	124	7 7
220	BURIAL, CREMATION REMOVAL (Specify)	A. 22b. DATE THEREO	F	22c. N/	ME OF CEMET	ERY O	R CREMATORY	2	2d. LOC/	ATION (Cit	ly, town, a	r county)	.8	(SIa	le)
	Burial	10/7/57		D	ruid Ri	dese	Com.			Pik	asvi/]	اً عالاً	ма		
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADI	DRESS /	01	-,7///	24a. REC'D	BY REGUS	SHEAR 2	A)S, PEGIS		GNATU	RE	
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BUREN V. 8.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10353 **CERTIFICATE OF DEATH** 10366 Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admiss on) a. COUNTY b. COUNTY MARYLAND Baltimore Maryl and CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give nearest town) Fort Howard 26 davs Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 336 Mason Court YES NO TO Veterans Administration Hospital NAME OF 4. DATE Middle Month Year DECEASED WILLE NMI TADALES DEATH (Type or print) October 5 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR last birthday) Months Days Male Colored WIDOWED | DIVORCED | 63 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 112. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Seafood House U.S.A. Laborer Virginia 13 FATHER'S NAME offer 14 MOTHER'S MAIDEN NAME Susan (Maiden name unknown) Spencer Lewis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Yes WWI 218-01-9007 Clin.Recs.Vets.Admin.Hospital.Fort Howard.Md. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY CARCINOMA OF PROSTATE WITH REGIONAL METASTASIS AND YEARS XXXXX ABDOMINAL LYMPH NODES. 2. OBSTRUCTION URETIS HYDRONEPHROSIS BILATERAL ABSCESS UNKNOWN Conditions, if any, which gave rise to immediate KIDNEY DUE TO NUMBER L ABOVE TO XXXXXXX cause (a), stating the underlying cause last. DUE TO ALCERATION OF SMALL UNKNOWN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🔁 NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II at item 18.) 20e PLACE OF INJURY (Home, form, 20f (Cily or town) 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED (State) (County) foctory, street, office bldg., etc.) Hour g. m. While Not while ol work of work 21. I certify that Whattended the deceased from September 9 , 19 57, to October 5 abitation CONTINUE CONTINUES AND and that death accurred at M. from the causes and an the date stated above 2 . O O ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL M.O. Veterans Administration Hospital 10/5/57 PHYSICIAN'S NAME (Type) Fort Howard, Maryland CHIEN WEI LAN. M. D. 226. DATE THEREOF BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 10/9/57 Burial Baltimore National Baltimore, Maryland Q SUNFRAL DIRECTOR'S SIGNATURE 240 REC'D-BY REGISTRAR 1246 REGISTRAR'S SIGNATURE VS A15 (4) DATE

Elroy Wilson Funeral Home, 2004 Orleans St. Balto. Md.

BUTTER V. E.

HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death, Page Annual Control of the control of	by a retained by the nospiral or alternancy physician. Fur ALL DIRECTOR: After this certificate has been signed by the attending physician and anamaletely fund in by the funeral director. Fur ALL DIRECTOR: After this certificate has been signed by the attending physician and anamaletely fund in by the funeral director. Sold many and a second physician and a seco	
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≪ 3	to ye retained by the nospitus of attending physician. Fly CAL DIRECTOR: After this certificate by physician physician and sommitteely filter in by the funeral director. An out to be detached for use as the burial-transit permit. Then please remove corbon papers. Page and 2 shauld be filed with	ne registrar prior ta burial, crematian, ar removal, and in any event within 72 hours after death.
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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	0352
	10365 CERTIFICATE OF DEATH	
1.	PLACE OF DEATH COUNTY BUILTE COUNTY BUILTE COUNTY C	before admission)
0	ECITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Compared to the state of the	ve negrest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) ORTHOSTITUTION ORTHOSTITUTION OF THE TADDRESS OF THE TADDRE	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) MARIE E, Middle Lost 4. DATE OF DEATH /0//	Doy Year
5. :	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE [In years If UNDER Months Months 72 yrs.	YEAR IF UNDER 24 HRS Days Hours Min
10a	during most/of working life, even if ratired)	EN OF WHAT COUNTRY?
1	FYHILLIF Brendel Hatherine Ichach	es es
15 (Ye	WAS DECEASED EYER IN U S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address on the property of the pro	· Came)
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Supersular Orfordian	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if eny, which gove rise to immediate out to	3 yrs
CATION	lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINANDISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
CERTIFICAT	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO Z
MEDICAL C		ownly) (Stole)
	alive on 10/17 19 27, and that death occurred at 6 PM, from the causes and an th	ost saw the deceased e date stated above
	ACTUAL SIGNATURE Viete of Liny M.D. Catonsule My	DATE SIGNED
	PHYSICIAN'S NAME (Type)	
栏	anne for	(Stole)
23	ELINERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATE OCT 2 3 '57 OUT 2 3 '57	VATURE

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8 8	E.		Items 3 8	2 9 rilm 8.2	PICA	LU/5/ AMIN	EK 3	CERTIFICA	IE OI	DEATH	Reg, Dist, f	Vo.	
shout shout	and the second	1.	LACE OF DEATH					2. USUAL RESIDENCE	(Where dece	osed lived. If Institu	tion: Residence	before adn	nission)
19 4 P. M	1 1			Baltimore		MARY	LAND	o. STATE Man	ryland	b. COUNT	Υ		
Trie Bay		*	. CITY OR TOWN and give necresi to	[If outside corporate limits, write wn]	RURAL	e. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (•	RURAL and give	neorest to	own)
cess P			Catonsv:			2yrlmth18d	P	Baltin	more,	Md. 2			
s ne ctor	1.1			TAL OR INSTITUTION (1)	d. STREET ADDRESS	. 3	nt		e. IS I	RESIDENCE LA FARM?
dire files	14	-	PRING GRO		HOSPI			1.400 Cc	oksie	Stret		YES [] NO Z
7			NAME OF DECEASED	Vic		Middle		Lorenz	4. DATE OF	Monti			Year
f any for t	1	5. 5	Type or print)			50 M NO/50 M 100/50	- TO 1		DEATH	00	tober 1.		1957
o the	1)		female	white	WIDOWE	D NEVER MARRIED	_ 1	reb. 14,	1915	9. AGE In years lost birthday)	Months Days	Hours	Min.
3 to		10a	USUAL OCCUPA	TION (Give kind of work a				TINICO CIVINI RY 11. BIRTHPLACE (Stot	e or foreign	- P- A- A	12. CITIZEN	OF WHAT	COUNTRY
offer d	1	ľ	none	king life, even if retired)		•		Maryla	and		U.	S. A.	
5 off		13.	FATHER'S NAME	***			-	14. MOTHER'S MAIDEN					
10 20 1 10 20 1 10 20 20 1			Albe	rt Lorenz				Anı	nie Lo	renz			
24 ho Pages age 5 e pag		15. Yes	WAS DECEASED E	VER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT		Address			
表ができ			no		υ	nknown		Records: Si	PRING	GROVE S	TATE H	OSPIT	AL
PMG wi				ATH [Enter only one cou	se per line	for (a), (b), and (c).]	16-				IN	TERVAL BETW	etn Ath
t pe t			Clast/ a	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		/	(11/	Skell like	14/1			_	
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ould Pen Slon Buri			(a), stating the couse last.										
S G S S		NO O		THER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERA	MINAL DISEA	SE CONDITION GIV	EN IN PART 1(A)	110 WAS	ALITOPSY
Firet ing Off ed o	-)	5									2,11,11,11,11,11,11,11,11,11,11,11,11,11	PERFO YES.	ORMED?
Send Send er's	med o	TIFIC	20a. EXTERNAL C.	AUSE WAS 20	b. DESCRIB	E HOW INJURY OCCUR	RED. (Er	iter nature of injury in Pa	ert I or Port I	If of item 18.)		124.62	,,,,
his of the billion		CERTIFI	CAUSE OF DEATH	I.		known				·			
Wor Wor		ICAL	20c. TIME OF INJ			NJURY OCCURRED 20	e. PLAC	E OF INJURY (Home, for	m, 20f. (Ci	ty or town)	(County)		(Stote)
the diss	- 2	MEDI	Hour o, m p. m		While of we	Not while S	pri	ng Grove St	tate F	Hosp. Cat	onsvill	.e	Md.
KA Mering Mering Page			21. I certify	that I taok charge	of the	emains described	abov	e, held an Autap	sy 🔲,	Inspection .	Inquiry [], and	find that
Mief Willief Og:			death resulte	d from; Natural	causes [, Accident 🔼,	Suic	ide [], Homicid	e 🔲, l	Indetermined c	ouse 🔲.		
Sole, he C			ACTUAL	19 1	6_	11.10	1					DATE	SIGNED
関性の	2		SIGNATURE	Her !	1	hill	er		_			DAIL	STOTIES .
P ce ded ded RAL			EXAMINER'S	Goomma M	Vitar	Seam N O		ASSISTANT MEDIC			10	-11-5	(P)
E P		220	NAME (Type) BURTAL, CREMAT			ffer, M. D.	DM 4D D	DEPUTY MEDICAL				-11-)	
0 5000			REMOVAL (Specif	1 10/15/	57	22c. NAME OF CEMETE	י אטניקע	REMAIORY Con	726. LOC	ATION. (City, lown,	or county)	Sion	1
F		23.	EMNERAL DIRECTO	R'S SIGNATURE	-/-	ADDRESS	1/11	240. REC	D BY REGIS	TRAR 245, REGIS	TRAR'S TIGNAT	URE	
VS. A15ME(S) 5M 9/55	7	5	Farle	7 11 11	1/	50/6.7	H:	1 (1) BATE	110/1-	7/57 1	A 2	day	ch.
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MARSON

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PUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exerthe certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune; I director. Page 4 should be set to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your place. AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the regions to burial, cramation, constitution.	

14

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10355

1030	38 ME	Item	SEXAMINER	3-TERIFICA	IE OF	DEATH	Reg. Dist.	No.
1. PLACE OF DEATH				2. USUAL RESIDENCE	Where deced			before admission)
Ba.	Ltimore		MARYLAN	o STATE Mary	land	b. Jeglyky	Y City	7
b. CITY OR TOWN (If outside and give negres)	e corporate limits, write	RURAL	C. LENGTH OF STAY IN 1	E. CITY OR TOWN (lf autside co	rporote limits, write	RURAL and go	re nearest town) 🗼 🖟
Catonsvil	Le		9 years	34Add/Ida	AXAAAA	// Baltim	ore	_ i
d. NAME OF HOSPITAL C	R INSTITUTION (I	f not in hosp	pital, give street address)	d. STREET ADDRESS	826 S	. Ellwood	Avenue	e. IS RESIDENCE ON A FARM?
SPRING GRO	E STATE	HOS	PITAL	/34¥¢d/¥1	istytu			YES NO
3. NAME OF DECEASED	Fire	t	Middle	Lasi	4. DATE	Month		Day Year
(Type or print) And	1 Cat	herin	9	Lynch	DEATH	Oct	cber 2	28 19 57
5. SEX 6.	COLOR OR RACE	7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER TYE	
female	white	WIDOWED	DIVORCED [Dec. 12, 18	78	78 yrs	Months Day	n Hours Min.
10a. USUAL OCCUPATION (C during most of working life	Sive kind of work of even if relired)	lane 10b. K	IND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stat	e or foreign	country)	12. CITIZEN	OF WHAT COUNTRY
bookfolder		Po	obstore	Maryla	and		U.	S. A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
	Lynch			Ann Ter	юу			
15. WAS DECEASED EVER IN (Yes, no, or unknown)	U. S. ARMED FOR Legive war or dates of s	CES? 16. 9	OCIAL SECURITY NO. 17	. INFORMANT		Address		
no			unknown F	lecords: SPR	NG G	RUVE STA	TE HOS	FITAL
18. CAUSE OF DEATH		ie per line f	or (o), (b), and (c).	_ /.	/ .	0	1	NTERVAL BETWEEN
PART I. DEATH W	AS CAUSED BY: EDIATE CAUSE (a)		acute	ordine y	Lac	lun		
422.1	OUE TO		0	_ 0	17	, .		
Conditions, if ony,			Doede	Vascu	Com	duca		
gave rise to immediate (a), stating the unde								
couse lost.) (c)							
PART II, OTHER S	GNIFICANT CONE	ITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEA	SE CONDIT ON GIV	EN IN PART 1(19 WAS AUTOPSY PERFORMED?
	lun ,	les	1 tule	duck	a	Forel .		YES NO
200. EXTERNAL CAUSE V PRIMARY DO CONTRIB	VAS UTING []	Fell c	n way to Lav	(Epter nolure of injury in Poratory sustain	inga	fracture	d left	hip
20c, TIME OF INJURY	Month, Day, Yea		JURY OCCURRED 200. P	LACE OF INJURY (Home, for octory, street, office bldg., et	p.) '		(County	
Hour and	10-16 19	57 of wor	Not while k	ospital	"' Ca	tonsville	28, Md	•
	took charge	of the re	emains described a	ove, held an Autop	sy 🔲, I	Inspection 7	Inquiry	and find tha
death resulted fro	m: Natural o	causes [Accident S	vicide [], Homicid	e 🔲, L	Indetermined o	ause 🔲.	
ACTUAL SIGNATURE X	ell.	Ma	'effer	M.D. CHIEF MEDICAL I	XAMINER [3		DATE SIGNED
EXAMINER'S			0 6	ASSISTANT MEDI	CAL EXAMIN			
NAME (Type)			leffer, M. D.	DEPUTY MEDICAL	EXAMINER		10-29	-57
220 BURIAL, CREMATION, REMOVAL (Specify)	26. DATE THEREO	F	22c. NAME OF CEMETERY	OR CREMATORY	1	ATION (City, Iown, o		(S:ole)
Eurial"	10/30/	57	New Cathe	dral Cem.	Ba	altimore	1	Md.

John A. Moran 3000 E.Relto. St.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BUREAU V. S.

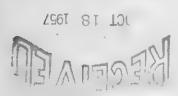
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N. S. S.

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18									
	10269 CERT	TIFICATE OF DEA	TH Reg	10358 1. Dist. No. 4						
	1. PLACE OF DEATH a. COUNTY Baltimore MA	2 USUAL RESIDENCE 9. STATE Maryland	2 USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) 2. STATE BETTIMORE							
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Helethorpe 16 yrs		(If outside corporate limits, write RURAL	and give nearest town)						
,	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1210 Francis Ave.		d. STREET ADDRESS 1210 Francis Ave. c. IS RESIDENC ON A FARM YES \(\text{NO} \) NO							
	3. NAME OF First Midd (Type or print) Angelo C. Marguglio	He Lost	4. DATE Month Of DEATH October	Day Year 15.1957 19						
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR			NDER TYEAR IF UNDER 24 HRS						
1.	Male White WIDOWED DIVOR	- Courtder 1 7	.,1889 68 yrs.	CITIZEN OF WHAT COUNTRY?						
1	ouring most of working life, even if refired)	Loyed Itals		U.S.A.						
	Domonic Marguglio	Rose Fic								
3	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wer or dates of service)		Address	s Ave.						
and the second	18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate course (o), stating the under-lying course last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU PERFORM YES P									
	Burial (Specify) Oct. 18, 1957 Meadow)	METERY OR CREMATORY	22d. LOCATION (City, town, or cou	Maryland						
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Combridge her 1328 Sulphur	Sp. Pd. Come	REC'D IN REGISTRAR 195 24 REGISTRAR	M. Tuffey						

Baneva k' F



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely figure, in by the funeral director, page thauld be detached far use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be filed with the registrar prior to burial, cremation, as remayal, and in any event within 72 hours affect death.

VS A15 (4) 15M 9/S5

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18	,

, 10370 CERTIFICATE OF DEATH

10359 4

	PLACE OF DEATH O COUNTY MARYLAND					2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY							
$\left\{ \left \cdot \right\rangle \right $	Balti	autside carparate limi	ts, write	c. LENGTH OF STAY IN 16		Mary I		porate limits	write RU	RAL and air	ve neores	il towni	
¥	RURAL and give nearest town)					c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)							
	Fort Howard 2 days d NAME OF HOSPITAL (If not in hospital, give street address)			- -	Baltir	more				1.	S RESIDEN	RCE.	
	OR INSTITUTION				G0) TT 1	D 19	04				ON A FARI	M2	
3	Veterans Administration Hosital 3. NAME OF First Middle			_!!	73 W 1	Pradi.		Monti			Year	* =	
	DECEASED				3540		OF DEAT	rial		1	Doy		and arm
-	(Type or print) GEORGE (ALSO WILLIAM) W. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED					TROSINI BURG					YEAR IF	19 (UNDER 24	d 1
	Male	Colored	WIDOWE				180		Indoy)				Ain,
100	USUAL OCCUPATION	N (Give kind of work	done 10b	KIND OF BUSINESS OR IND	USTRY	ebruary 12	or foreign	country)	Olivii I	12. CITIZ	EN OF V	WHAT COU	JNTRY?
11 3	during most of working life, even if retired) Kitchen helper Restuerant					Ewnonie	T/ same	inda		115	4 A		
	FATHER'S NAME	per		resonar and	14	Emporia MOTHER'S MAIDEN	NAME	TILLA			2 <u>A</u>		
	Ed Massent					C-13 17-							
	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO 17.	INFO	Sally Wea	aver		Addre	935			
1 14.	Yes (1	yes, give wer or dates of s	ervice)	220 20 7000	07.2	. D.J W.L	4.3	TT	- n 17-	f TT.		363	
			use per lir	ne for (a), (b), and (c) 1		n.Red.,Vet.		HOSPIL.	31,5	L_HOW:	LINTERY	AL BETWEE	EN
	PART I. DEATH WAS CAUSED BY CONGESTIVE FAILURE										ONSET	MOD DEA	TH
	, IMMEDIATE CAUSE (a) CONGESTIVE PAILURES								015	MONG	F:12		
	Conditions, if ony, which) (b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE.									UNK	JOEAN .		
	gove rise to Immediate (OMATH	TONIT		
	lying couse last.												
Z													
18	PERFORMED? YES NO P												
CERTIFICATION	20g ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of stem 18.)												
MEDICAL	20c TIME OF INJURY	Month, Day, Ye			PLACE (OF INJURY (Home, form street, office bldg., etc	m, 20f. (C	ity or town)		(Co	unty)	(5	Stote)
AE B	Hour a.m.	19	While	Not while	rociory.	sireer, dirice diag., en	e.1						
	21. I certify that I attended the deceased from October 22 19.57, to October 21 19.57 that INNEX XXX NOT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX												
	XINVEXODXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX												
	ADDRESS (Street, city or town, stole) DATE SIGNED												
	SIGNATURE O/rung h. Ahmby M. M. M. M. D. M												
	PHYSICIAN'S												
	NAME (Type)	V		V									
220	BURIAL CREMATION	226. DATE THEREC		226. NAME OF CEMETERY	OR CR	EMATORY	22d. tO	ATION (City	lawn, or	county)		(Stole)	
		10-29-	57	Baltimore Na	atio	nal	5501	Frede	rick	Ave.	,Bal	to.,M	d.
23	FUNERAL DIRECTOR'S	SIGNATURE /		ADDRESS		24a REC	D BY REG			RAR'S SIGN			,
1/	tarle	18.10	w	. 802 Madison	Ave	DATE	ds, 3	3/ /	82	wery	Z	1-0	she

Charles R. Law, 802 Madison Ave., Baltimore, Md.

EMEEVN A. Z

C' I D AUI

MATERIA

PLACE OF DEATH

2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND TIMORE RAT.TREE b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Pikesville d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? 606 Milford Rd. Milford Mill YES NO 3. NAME OF 4. DATE Middle Manth Year DECEASED GRACE MATHER LEE DEATH OCT. (Type or print) 19 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Days WIDOWED DIVORCED I Female White 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of worlding life, even if retired) Home Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Caltrider Florence Ford IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Richard Mather 606 Milford Rd. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cownary DUE TO Cardio vaseular diseas Conditions, if ony, which gove rise to immediate DUE TO cottse (a), stating the under-Anterio Selevosis lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 1-200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, tenter nature of injury in Port I or Port II of item 18.1 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Day, 20d. INJURY OCCURRED Year (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not while of work of work 21. I certify that I attended the deceased from..... ___, and that death accurred at ____/A__M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S LMAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Woodlawn Woodlawn Md. 22. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR ADDRESS 24b REGISTRAR'S SIGNATURE

THAT TO

ENLEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 .10372**CERTIFICATE OF DEATH** director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. State Maryland b. COUNTY Baltimore filed MARYLAND Baltimore b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest town? Fort Howard 66 Davs \times 2 Baltimore d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS Veterans Administration Hospital 150h Matthew Avenue 4. DATE Middle Month DECEASED DEATH October MATTHEU (Type or print) JOHN T₄ 6. COLOR OR RACE 7. MARRIED 10 NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS. S SEX B DATE OF BIRTH 9. AGE (In years Jost birthdoy) Male White April 25, 1897 WIDOWED [7] DIVORCED | 10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) Air Craft Factory Maryland Crater 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Frederick Mattheu Frances Homolka 17. INFORMANT IS WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO Clin. Rec. . Vet. Adm. Hospital . Ft. Howard . Maryland Yes 217-05-7824 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART 1. DEATH WAS CAUSED BY: SQUAMOUS CELL CARCINOMA, RIGHT LUNG WITH DUX XX METASTASIS Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART U. 19. WAS AUTOPSY OSteoarthritis, cervical spine. Operation- Pneumonectomy - October 1956 PERFORMED? 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a, ACCIDENT WAS UNDERLYING [T] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) WEDI Hour o. m. Not while at wark at work 21. I certify that attended the deceased from August 5 ..., 1957 to October 10., 1957 Wax Wax Company ADDRESS (Street, city or town, state) ACTUAL SIGNATURE VAH. FORT HOWARD, MARYLAND PHYSICIAN'S NAME (Type) Medical Service 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lewn, or county) REMOVAL (Specify)

Oak Lawn

Cemetery

THORTE!

e. 15 RESIDENCE ON A FARM?

Haurs

YES NO KIX

Year

Day

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Davs

Reg. Dist. No.

12. CITIZEN OF WHAT COUNTRY? U. S. A. Address INTERVAL BETWEEN 12 MONTHS YES 🗀 NO 🔽 (County) (State) DATE SIGNED Eastern Avenue, Baltimore, Md. 24b. REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR

Burri of

23. FUNERAL DIRECTOR'S SIGNATURE

BUREAU V. S.

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DECENSED

1		MARYLAND STATE DEPARTMEN	IT OF HEALTH	I—BALTIMORE, 18 🛚 🛭 🗸	1362
		10373 CERTIFICAT	E OF DEATH	Reg. Di	st. No. 10033
Signal Signal	1.	PLACE OF DEATH ROSEWOOD State Training School 2.	USUAL RESIDENCE (Who	ere deceased lived. If institution: Residen	nce before admission)
		Baltimore	Maryla	nd b. COUNTY Cha	arles County
	Г	b. CITY OR TOWN (If autside corporate limits, write RURAL and give neares) town)	c. CITY OR TOWN (If o	utside corporate limits, write RURAL and	give nearest fown) 🗸
		Owings Mills, Maryland 10 years	India	n Head, Maryland	O.X
12		d, NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
12		Rosewood State Training School 1	413 Straus	Avenue	YES NO D
		NAME OF First Middle DECEASED	Lost	4. DATE Month	Day Year
		(Type or print) (Junior) Charles Ignatius	Mattingly	OF DEATH 10	20 19 57
_	Ş. :	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. D	PATE OF BIRTH	9. AGE (In years IF UNDER lost birthday) Months	Days Hours Min
		Male White WIDOWED DIVORCED 8/	14/35	22 yrs	Coys Hours Min
4 /	100	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	11. 8IRTHPLACE (State of	or fareign country) 12. CIT	IZEN OF WHAT COUNTRY?
1			Washington	. D. C.	U.S.A.
	13.	FATHER'S NAME	4 MOTHER'S MAIDEN N		
		Charles Ignatius Mattingly	Mary M	adeline Nalley	
	1\$!Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFO		Address	
, 1		no	Ros ewood Re	cords	
		18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1	7-1-2-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3	INTERVAL BETWEEN ONSET AND DEATH
		PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Tacks ehr	i Cep lit	er,	J
		353,2 DUE TO			1 4
		Conditions, if ony, which) (b)			William -
		gave rise to immediate cause (a), stoting the under DUE TO			
		lying cause last. (c)			
0	ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO
	CERTIFI	200 ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter nature of injury in P	Part I or Part II of item 18)	
	CAL	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE	OF INJURY (Hame, farm,	, 20f. (City or town) (I	County) (State)
	WEDICAL	Haur a.m. While Not while factory p. m 19 at work at work	, street, affice bldg., etc.		
	 		10 <i>50</i> 1- 3	0/00/57 30 15-11	I and a second second
				0/20/57, 19,that I	
		alive on 10/20/, 19.57, and that death oc		ADDRESS_(Street, city_or lown, state)	DATE SIGNED
		ACTUAL SIGNATURE MD	D 24 80	State Taine 1 St	Che 20/27/57
- /		SIGNATURE M D	. ICOLERO L. G.	- successive successiv	
		PHYSICIAN'S NAME (Type) Conrado Bogaert, M.D.	Rosewood S	tate Training School	01
	27:	BYRIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMERRY OR CI		22d, LOCATION (City, town, or county)	(State)
80		Turled 10-23-57 St Chay	10	Kesmont	nerd.
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'I	D BY REGISTRAR 246 REGISTRAR'S SI	GNATURE
,		Chillant one Japlaca	DATE /	0/2407 - Halla	Harley
				VORona	Elines 1

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10363 10374 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY Filed **b. COUNTY** Baltimere MARYLAND Maryland erol b. CITY OR TOWN (If outside corporate limits, write c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give negrest towns Catonsville Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Caton Ridge Nursing Home 209 E. Lafavette Ave YES NO NAME OF Middle Lost Year DECEASED (Type or print) Josaph W. October May 19 19 57 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years last birthdoy) Months Days WIDOWED T DIVORCED | Male Whi to 5. 1976 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Salesman (Retired Baltimore, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 James May Marv C. Waite **O** 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Unknown Manor Road - Glen Arm Maryle Richard May 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ₻ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Myocardial hypertrophy with failure. year 4221 **DUE TO** Conditions, if any, which Myocarditis chronic vears gove rise to immediate ě DUE TO couse (a), stating the underlying couse lost. burial-transit <u>Arteriosclerosis generalized</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? Left ventricular enlargement with some asthma signs. YES NO TH 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) ne injury 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour a. ji. factory, street, office bldg., etc.) While Not while none of work of wark no injurv no injury 21. certify that I attended the deceased from June ..., 19.57, to October T9th, 19.57, that I last saw the deceased glive on October , 19.57 ..., and that death occurred at 5.50P M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 516 Cathedral Street Baltimore I Maryland James Graham Marston M.D. 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial Oat 23,1957 Loudon Park Baltimore. Maryland 2 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE William 1217 St. Paul Street DATE Cook, Inc.

death.

within

BUREAU V. L

2001 24 1002

BEGEINED

CREMATORY

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

DATE

22c. NAME OF CEMETERY OR

ADDRESS

10364

e. 15 RESIDENCE

Dan

Days

ON A FARM?

YEAR NO [

Year

19 6

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(State)

HOSPITAL 0 O

abod

NAME (Type) 220. BURIAL, CREMATION.

REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

DECENAED.

BUREAU V. S

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filling in by the funeral director, period be detached for use as the burial-transit permit. Then please minave carbon papers. Page and 2 should be filled with the reflector prior to burial, crematian, ar remaval, and in any event within 72 flaum after death.

VS A15 (4) 15M 9/55 I

IARYL	AND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18
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, 10376 CERTIFICATE OF DEATH

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D	Dist. N	Ų,	Ũ.	U	30	

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission)
PALTIMORE CO. MARYLAND	a. STATE ATO
b CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
PARKUILLE	Park VILLE 3
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION.	d. STREET ADDRESS
2918 PUTTY HILL AVE	291P PITTY HILL AILE YES NOT
3 NAME OF A First Middle	Lost 4. DATE Month Day Year
(Type or print) ANIA TO M.C.	TCHEAI DEATH OCT 8 1957
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRY.
WIDOWED DIVORCED	106 29 1 P76 losy or introduction Months Days Hours Min
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
AT HOME	MARYLAND VIJIA.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
FREDERICK SCHNEIDER	MARY KODIEGER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yos. no. of unifrious) [(If yos. give wer or dates of service)	NFORMANT Address 2918-Pinty
110	PS ELIZABETH BARDROFF LING AUTS
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).]	O INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY CEREBY - Vas	under Hemouthage Solden
DUE TO	+ 10 1 21 10 10 10
Conditions, if any, which) (b) Undersactivet	ac Cardio Vascular Hisease
gove rise to immediate couse (a), stating the under DUE TO	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3	YES NO Ø
I ≈ I OR CONTRIBUTING □ CAUSE OF DEATH !	D. (Enter nature of injury in Port I or Port II of item 1B.)
G Hour g. ri. While Not while fo	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
E p. m. 19 of work of work	
21. I certify that I attended the deceased from	19 AL, to 10/7 , 19 57, that I last saw the deceased
olive on 1957, and that death	occurred at 6 M. from the couses and on the date stated above.
and be a second	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE SIGNATURE AND AND AND	M.D
PHYSICIAN'S JOSEPH S. BLUM A	YD MIN. CALVERT ST. BALTE-14
270. BURIAL, CREMATION, 22b. DATE THEREOF, PEMOVAL (Specify) 22c. NAME OF CEMETERY O	R CREMATORY , 22d, LOCATION (City, town, or county) (Stote)
TOURIAL VOT/1/5 / Location Form	National Baltimore Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
ULIPICH MINERALHOME GALTO,	1910 DATE 10/9/57 Dr & M. Bacons

W. V. S. S.

1961 U. ..



CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TO VE c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give Pio 30 10 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T NAME OF Middle 4. DATE Loui Day Year DECEASED OF (Type or print) DEATH 195 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min WIDOWED [7] DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 during poulof working life, eyen if retired) BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? MONNE corban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician ngmin NNIKH move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [Yes, no. pr. unknown] [If yes, give wer or dates of service] 17 INFORMANT Address nding YONG-18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 462.1 **DUE TO** ģ Conditions, if ony, which Gny signed gove rise to immediate DUE TO ē cotte (a), stating the underlying couse lost. **buriol-tronsit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour O. m. fectory, street, office bldg., etc.) While Not while ot work of work P. m 21. I certify that I attended the deceased from that I last saw the deceased 0620 alive on and that death occurred M, from the causes and on the date stated above. ADDRESS (Street, city of town, state) DATE-SIGNED ACTUAL SIGNATURE BURUAL CREMATION. 22ь DATE THEREOF 22c. NAME OF GEMETERY OR CREMATOR 22d. LOCATION, (City, town, or county) (Stote) 9 243, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 9/SS

within 24

HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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VS A15 (4) 15M 9/55

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	MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
R	10378	CERTIFICATE	OF	DEATH	

CERTIFICATE OF DEATH

10367

1. PLACE OF DEATH o. COUNTY	altimore		MARYL	AND	2. USUAL RESIDENCE STATE		ased lived. If in b. CO	HINTY	dence before o	
b. CITY OR TOWN (RURAL and give n Oel		ls, write	c. LENGTH OF STAY IN	N 15	c CITY OR TOWN	l (If outside co	rporate limits, w	vrite RURAL ar	nd give neares	t town)
d. NAME OF HOSPI OR INSTITUTION	Mestches				d. STREET ADDRE		Ave.			S RESIDENCE ON A FARM? ES NO A
3. NAME OF DECEASED (Type or print)	Fin Marv	st	Middle A .	i.c	Kittric	4. DAT OF DEA		Month Oct.	Day	Year
s. sex	1		ED NEVER MARRIED	图 8.	DATE OF BIRTH		9. AGE (In lost birth	years IF UNE		UNDER 24 HRS.
Oa. USUAL OCCUPATION	ON (Give kind of work of king life, even if retired)	1 .	KIND OF BUSINESS OR			Stale or foreig	n country)	yrs. 12.		WHAT COUNTR
13. FATHER'S NAME	STIC	1 4	Pvt. Home		14. MOTHER'S MAIL	PLO.NAME			U.S	.A.
He	enry McKit	ttri	ek		I	ary J	ane Fi	nigan		
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR	CES? 16. S	SOCIAL SECURITY NO.	17. INI	FORMANT			Address		
				Mr	rs. Julia	1 Deba	ugh Wo	etch	ster A	Ave
L4 of of Canditians, if a			Terrese	ler	atic Cu	rdio i	/CFELLE	er Dec.	As li	30 DEATH
Canditions, if a gove rise to i cause (a), stating lying cause last,	ny, which mmediate the under to (c))	ONTRIBUTING TO DEAT						PART 1(o) 19.	g ifed.
Canditions, if a gove rise to it cause (a), stating lying cause last. PART H. OT PART H. OT OR CONTRIBUTION (IF EITHER, NOTIFY	ny, which mmediate the under to the significant CONI) DITIONS_C		TH BUT N	OT RELATED TO THE	FERMINAL DIS	EASE CONDITIO	N GIVEN IN F	PART 1(o) 19.	WAS AUTOPSY PERFORMED?
Canditions, if a gove rise to i cause (a), stating lying cause last. PART H. OT 200 ACCIDENT W. OR CONTRIBUTION	IMMEDIATE CAUSE (of DUE TO DUE	DITIONS C	ONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO THE	FERMINAL DISI	EASE CONDITIO	N GIVEN IN F	PART 1(o) 19.	was autopsy performed?
Canditions, if a gove rise to i couse (a), stating lying couse last, PART H. OT PART H. OT OR CONTRIBUTION (IF EITHER, NOTIFY 20c. TIME OF INJUIT Hour a. jr. p. m.	IMMEDIATE CAUSE (of DUE TO DUE TO CE TO DUE TO DUE TO DUE TO CE TO DUE T	20b. DESC 20b. DESC ar 20d. IN While of work	CRISE HOW INJURY OCCURRED NOI while of work of work	CURRED.	(Enter nature of inju	ry in Part 1 or form, 20f. [Port 11 of item 1 City ar town)	N GIVEN IN F	(County)	WAS AUTOPSY PERFORMED?
Canditions, if a gove rise to it cause (a), stating lying cause last, PART H. OT PART H. OT OR CONTRIBUTION (IF EITHER, NOTIFY 20c. TIME OF INJUIN HOUR a. p. p. m. 21. I certify the caline on ACTUAL SIGNATURE PHYSICIAN'S	MMEDIATE CAUSE (of DUE TO DUE TO Mendiate the under the	DITIONS C 20b. DESC ar 20d. IN White of work decease	CONTRIBUTING TO DEAT CRISE HOW INJURY OCCURRED Not while of work and that control Bury Care 22c. NAME OF CEMEN	CURRED.	(Enter nature of inju	ferminal Disi	Port 11 of item 1 City ar town) Tom the coult (Street, city or CATION (City, 1	8.) 2. Z, that ses and an toyrn, state)	(County) I last saw in the date (Classe)	(State)
Canditions, if a gove rise to a gove	IMMEDIATE CAUSE (of DUE TO DUE	DITIONS C 20b. DESC ar 20d. IN White of work decease	CONTRIBUTING TO DEAT CRIBE HOW INJURY OCCURRED AUURY OCCURRED Of work of work and thot of August 19 Aug	CURRED.	(Enter nature of inju CE OF INJURY (Home Dry, street, office bldg , 1954, to occurred ot , CREMATORY 3 Cem/	ferminal Disi	Port 11 of item 1 City ar town) Com the coult (Street, city or CATION (City, 1	8.) 2. Z, that ses and an toyrn, state)	(County) I last saw in the date Class (Y)	(Slote) the deceose stoted obov

BUREAU Y. E.

3CL 11 1957



death

R .V UAZAII

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BECEIA!

1900 Eutaw Place

240. PETP BY REGISTRAR

DATE

23. FUNERAL DIRECTOR'S SIGNATURE

John O. Mitchell & Sons

hours ofter death, Page

executed within 24

requires that the

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TELONE DE ST

If any delay is necessary, please exe-he funer, director. Page 4 shauld be I for Y I les. The reg I r prior to build, cremation, TO DEPLITY AISDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delacute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funes, for a fee to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y TO F. "All DIRECTOR: Toge 3 should be used as Illurial-transit Illemit. File pages 1 and 2 with the region cute for H

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10370

. 10380 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Reg. Dist. No.
PLACE OF DEATH G. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institutions Residence before admission)
Baltimore MARYLAND	• STATE Md b. COUNTY Charles
b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest fown)	c. CITY OR TOWN (If aulside cappaçate limits, write RURAL and give nearest town)
the Profes Catonsville 16 mo.	La Plata l'otomac Halls
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS
Caton Ridge Mursing Home . Harlen Lanc	La Plata O8 X 2.2 ON A FARMS
3. NAME OF First Middle (Type or print) Harchie Millard	Lost A DATE Month Day Year Oct. 29, 19579
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS.
Fem White WIDOWED DIVORCED [Mch 4 1878 total brightery) yrs. Magaths 2005 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during most of working life, every if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
House ink	Fansal feda
13. FATHER'S NAME Thomas Knight	14. MOTHER'S GRAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 11 year give was or dates of service)	FORMANT) Address Jag 305
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Acute cardiac	COURTY AND DEATH
Pullmoneum nocio	ma. Cardiovascular disease
Conditions If you with I	
Conditions, if any, which gove rise to immediate cause Out TO Fracture right h	ip.Accident.due to injury
(a), stating the underlying	
. \0,==	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY
CATK	PERFORMED? YES NO TO
206. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING CAUSE OF DEATH. How accident was ca	Mer noture of injury in Port I or Port II of item 18.) Mused not known. Possibly a fall
	(County) (Stote) Ty, street, affice, bldg, etc.) Catonsville Balto Md Trains orie
21. I certify that I took charge of the remains described above	re, held an Autopsy 🔲, Inspection 🧖, Inquiry 📆 and find that
death resulted from: Natural causes . Accident (1), Suic	ide [], Homicide [], Undetermined cause [].
ACTUAL Ha Min Sign Sour	DATE SIGNED
SIGNATURE	_M.D. CHIEF MEDICAL EXAMINER [_]
EXAMINER'S NAME (Type) GCO . S. M. Kieffer K.D.	ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY
220. NAME OF CEMETERY OR OF REMOVAL (Specify) Removal (Specify) Removal 11-1-57 Fort Lincoln	3201 Bladensburg Road
23. SULMERAL DURCTURE SIGNATURE SIGN	240. REC'D BY REGISTRAR 246 REGISTRAR'S RIGNATURE

: such

MON I

Eutaw Place

Baltimore 17, Maryland

1902

Martin

VS. A15ME(5) 5M 9/55

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RECEIVED

BUREAU V. S.

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VS A1S (4) 1SM 9/55

lying couse last.

CERTIFICATION

MEDICAL

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18 10371

10004					706	Y & T	U
10261	CERTIFICA	ATE OF DEATH			Reg. Dist.	No.	7 1
1. PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who Mary Land	ere deceased	lived. If institution b COUNTY	Residence		ision)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or 53 Dundalk	utside carpo	rate limits, write RU			m)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 7215 Dunmar Court	rddress)	, d street adoress 7215 Dumma	ar Coi	urt		ON	SIDENCE A FARM?
3. NAME OF First DECEASED (Type or print) CAROLINE	Middle A.	tost M ILLER	4. DATE OF DEATH	Manth Octobe		25,	Year 19 57
5. SEX 6. COLOR OR RACE 7. MARRI Female White WIDOWS		8. DATE OF BIRTH Sept. 28, 18	72		F UNDER 1 Y Manths Do	EAR IF UND	
10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if refired) at home	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of State of	_	ountry)		N OF WHA	COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
Peter Anderson		?		?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17. 1	NFORMANT		Addre	55		
no	Ma	rs. Marie Alle	rton	721 3 Du	nmar C	ourt	
1B. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (p), (b), and (c).	rotic hea	it i	Disave		INTERVAL B	
Conditions, if any, which) (b)	merali ?	of Arken	us 8	relevo (1	٥	27_	yea
gave rise to immediate DUE TO	8						

PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) factory, street, office bldg., etc.) While a. m. Not while at work at work p. m.

21. I certify that I attended the deceased fram Lithat I last saw the deceased M, from the causes and an the date stated above. alive an and that death accurred

ADDRESS (Street, city or town, state) ACTUAL SIGNATUR PHYSICIAN'S

NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) T'EMOVEL 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) Brandywine Cemetery October 26 Braddock, Pennsylvania 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

Ullrich Funeral Home, Dundalk, Md.

243. "REC'D" BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

WAS AUTOPSY PERFORMED? YES NO

(Slote)

DATE SIGNED

(County)



343/103

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10372 Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) **b.** COUNTY Anne Arundel c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? Brooke Avenue YES NO DE 4. DATE Yeor 1957 DEATH October 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR! IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? U. S. A. Annapolis, Maryland Margaretha A. Magel Address Clin.Rec. Vet.Adm. Hospital.Ft. Howard, Maryland INTERVAL BETWEEN PRIMARY SITE UNDETERMINED PERFORMED? YES NO DE 20f. (City or town) (County) (Stote) ADDRESS (Street, city or town, state) DATE SIGNED

24a, REC'D BY REGISTRAR St. Annapolis . Md.

245 REGISTRAR'S SIGNATURE

(State)

BUREL

BEGENAEU

VS A15 (4) 15M 9/55

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ARYLAND	STATE	DEPARTMEN	IT OF	HEALTH-	-BALTIMORE,	18

CERTIFICATE OF DEATH

M

10373 3/

	1038	CERT	IFIC.	ATE OF DEATH			Reg. D	list. No.	6		
o COUNTY Balt	0.	MAI	RYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MG. b. COUNTY Balto.							
	If outside corporate limits, w	vrite c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Loche	•			xo Lochearn							
d NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give	street oddress)		d. STREET ADDRESS					S RESIDENCE ON A FARM?		
3616 L	<u>ochearn Drive</u>	<u> </u>		<u>3616</u>	Lock	nearn Dri	ve		ES NO		
3. NAME OF	First	Midd	łe	lost	4. DATE OF	Mon	th	Day	Yeor		
(Type or print)	IDA	JOSEPHI		MULLER	DEATH	U	ct,	5,	1957		
5. SEX		MARRIED NEVER MAR		B. DATE OF BIRTH		9, AGE (In years lost birthday)	Months		UNDER 24 HRS		
female	White WI	DOWED DIVORO		Nov. 1, 1872			12.6				
during most of wor Homemaker	king life, eyen if retired) —	at home	OK INUU	Virginia	or toraign c	ountryj	12. (IIIZEN OF W	VHAT COUNTRY?		
13. FATHER'S NAME				14 MOTHER'S MAIDEN N	AME						
Unknown				Unknown							
15 WAS DECEASED EVE (Yes, no. or unknown) NO	ER IN U. S. ARMED FORCES (If yes, give wor or doles of service			Mr. Robert H.	Mille	Add or,Jr. 36		ochear	n Drive		
	the under-	per line for (a). (b), and so fine to fine to	hal	Homos ? Parters	had	'e		ONSET	AL BETWEEN AND DEATH THE		
CATK	HER SIGNIFICANT CONDITI			NOT RELATED TO THE TERMI			'EN IN PA	P	WAS AUTOPSY PERFORMED?		
	AS UNDERLYING [] 3 [] CAUSE OF DEATH (MEDICAL EXAMINER)	DESCRIBE HOW INJURY	OCCURRE	D. (Enler noture of injury in P	ort I or Par	t II of item 18.)					
20c. TIME OF INJUI Hour o. m. p. m.		20d. INJURY OCCURRED While Not while of work 01 work		ACE OF INJURY (Home, farm, etc.), street, office bldg., etc.		y or town)		(County)	(Stote)		
21. I certify olive on	not Lattended the de		at death	19.27, to C		/	ind on		the deceased stated above.		
ACTUAL SIGNATURE	Volar!	1 RHRT		.M.D.					er affek skor 🕮 🕮 skjor skriv skor skjor sjor sjor skjor kj		
NAME (Type)	*										
220. BURIAL, CREMATIC REMOVAL (Specify Removal	10/7/57	22c NAME OF CE				TION (City, town. o		Vo.	(Stote)		
23 FUNERAL DIRECTOR		ADDRESS .	Bou		BY REGIS			IGNATURE *	mail		
			J		}		<u> </u>	1181 ()	V		

BUREAU V. L.

SECENVE!

V5 A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10383

CERTIFICATE OF DEATH

		• • •								keg. Dis	T, NO.		
1. PLACE OF DEATH o. COUNTY B	altimore		MARYL	AND	2 USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o STATE Maryland b. COUNTY								on)
b. CITY OR TOWN (I RURAL and give no	f outside corporale lim	its, write	c. LENGTH OF STAY II	ч 1ь	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								· · · · · · ·
Catonsvi			6yrlOmth15	dys	Baltimore , , ,								
d NAME OF HOSPIT OR INSTITUTION	AL (If nat in haspital, i	ive street	oddress)		d. STREET ADDRESS						IS RESI	DENCE	
SPRING GR	OVE STATE	HOS	PITAL		921 8	. Cur	ley S	t.				YES 🗍	
3 NAME OF DECEASED (Type or print)	Katl	ner i n	e Rohe		Mil		4. DATE OF DEATE		Month obe	r 7	Day		ear 9 57
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		B. DATE OF BIRT	Ή		9. AGE (In ye	rors III	UNDER 1	YEAR IF	UNDER	24 HRS.
female	white	WIDOWE	DIVORCED		Octobe	r, 18	87	lost birthide	993 A 913,	Months	Days F	lours	Min.
100 USUAL OCCUPATION during most of work housewi	ing life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUS		arvlan		country)	L -		U. S		COUNTRY?
13. FATHER'S NAME	10				14 MOTHER'S								
Timber Com							arv	??					
Unknown IS WAS DECEASED EVE	PIN II S ARMED FOR	CES2 14	SOCIAL SECURITY NO	17 18	SFORMANT	E.	ar y		Addres	-			
[Yes, no. or unknown]	Il yes, give wor or dotes of s	ervice)	_			OFNT	NO O				OSPT	TA T	
no			nknown	I R	ecords:	SFRI	NG G	ROVE S	TAT	E n	USPI	1 /14	
PART I. DEA	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		teriosclere	tic	cardio	vascul	ar di	sease			ONSET	AL BET	WEEN DEATH
4221	DUE TO										1		
Conditions, if a	ny, which) (b	Ar	teriosclero	sis	. gener	alized	and	severe					
gove rise to in	nmediale (00,2000000										
couse (o), stoling lying couse lost.	the under-												
PART II. OTH			ONTRIBUTING TO DEAT	H SUT	NOT RELATED TO	THE TERMI	NAL DISEA	SE CONDITION	GIVEN	I IN PART	` '	WAS APPERFOR	MED?
TO LIE EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	CRIBE HOW INJURY OC	CURREC	Enter noture (of injury in P	ori I or Pa	rt II of item 18]			Lab	101
20c. TIME OF INJUR Hour o. m.	f Month, Day, Ye	or 20d, IN While at work	Not while	Oe. PLA	CE OF INJURY lory, street, affic	Hame, form, e bldg., etc.	20f (Cit	y or lawn)		(Ca	ounty)		(State)
	at I attended the	decess	ed from Aug.	23	. 19 5	7 10	0c6.	7 19	57	that I I		46 -	la an =)
· · ·	Ortunended me		57 , and that a			11 30	0			inai i k	ast saw	ine c	iec ea sea
alive on	UCUALIZATION.	, 12	2.E,, and that o	leoth	occurred of						e date		
ACTUAL SIGNATURE	rela/	g'a	clinter	/	D. SPR			STATE		PITA	Li	0-7-	TE SIGNED
PHYSICIAN'S NAME (Type)	Stella Wac	<u>hsler</u>	M. D.		Cat	ons vi l	le 28	, Mary	Land	1			
220 BURIAL, CREMATIO	N, 226 DATE THEREC)F	22c. NAME OF CEMET	ERY O	CREMATORY		22d. LOC/	TION (City, to	wh, or	county)		(Stote)	
REMOVAL (Specify) Rurial	Oct. 11.	1957	St. Jos	eph	¹ S	Ì		Fullert	on.	Mo	1.	*	
23 FUNERAL DIRECTOR		- de la contraction de la cont	ADDRESS	-1-17		240. REC'D				AR'S SIG			
Sassal	14/ rimal	747	me 740	Be	lair Rd.	DATEOCT	14'5	7 Ru	10	Aut			
	740173	Las.			····								
		-											

DECEIVED

BUREAU V. S.

10384 **CERTIFICATE OF DEATH**

Reg. Dist. No.

10375

		PLACE OF DEATH	ltimore		A	MARYLAND	2. USUAL R o. STATE	ESIDENCE (Whe	_	lived If institution b. COUNTY		ce befo		ion)
	Ŀ	c. City OR TOWN (I RURAL and give no Hereford	foutside corporate limitarest town)	ls, write	c. LENGTH OF	STAY IN 16		or TOWN (If a	utside carpo	rate limits, write R	URAL and	give nec	irest fawn)
		OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		1	t ADDRESS kton Ro	ad					IDENCE FARM? NO []
	3. N	NAME OF DECEASED Type or print]	RUBY		С.	iddle MIL	LER	Lost	4. DATE OF DEATH	Octobe:		195	7	fear
	s. s	ex Comalo	6. COLOR OR RACE	7. MARI	RIED NEVER M	ARRIED	8 DATE OF 8			9. AGE (In years last birthday) 62 yrs.	IF UNDER	I YEAR Days		
/	10a.	during most of work Housewif	N (Give kind of work a ing life, even if retired)	lane 10b	Own Home			HPLACE (Stole o	or foreign c	ountry]	12. CII	US		COUNTRY
		father's NAME John Edwar	d Reichard					innie C		ton				
)	15. Yes.	NO NO	R IN U. S. ARMED FORG	CES? ervice)	None	1_	informant amily r	cords		Add	·@51.			
			TH [Enter only one con TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		ne longo). (b) and	(1)	0)	131	las	1		INTE	RVAL BE	TWEEN DEATH
	N	Conditions, if as gove rise to it cause (o), stoting lying cause last. Part II, OTH	nmediate (<u> </u>	CONTRIBUTING TO	UB HTA3D C	T NOT RELATED	TO THE TERMI	NAL DISEASI	E CONDITION GIV	EN IN PAR	T l(a)	9. WAS	AUTOPSY
٠	CERTIFICATION	200. ACCIDENT WA			CRISE HOW INJU								PERFO	NO 🗍
	-:1	(IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m.	MEDICAL EXAMINER)	While	NJURY OCCURRED Not while k ot work	20e. P	ACE OF INJUR	ty (Home, form, flice bldg , etc.	20f. (City	ar town)	£	County)		(State)
,		21. I certify the alive on 1.7.4	or I organized the Octofur halfur,	deceas		that deot	occurred		M, from	n the causes a pool, city ar town,	that I and an t		te state	
		PHYSICIAN'S NAME (Type)	IALTE	e	T. 11	EE	5	Cocke	ysvil	le, Md.				/
	B	BURIAL, CREMATIO REMOVAL (Specify) urial	Oct. 21,	1957	22c. NAME OF			etery	Heref	ord, Bal	timor			
	127	FUNERAL DIRECTOR	S SIGNATURE	72	ADDRESS	Tow	son, Md		P REGIST	~ /\/	TRAR'S SU - LCLL		RE	

in by the funeral director, and 2 should be filed with may be retained by the haspital or attending physician.

TO FUYERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fix particularly port thauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pacitive pistrar prior to burial, cremation, or remayal, and in any event within 72 hours offer death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4

VS A15 (4) 15M 9/S5

TO DESCRIPTION

Engevo A. &

10385

1. PLACE OF DEATH o. COUNTY

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY

DATICT 1 4 '57

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

executed within 24 haurs after death. Page

0.0	Ba.	Ltimore		MARY	LAND	a. SIATE	ary]	and	b. COUNTY	1		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
				2yr10mth22	dys	Baltimore						
d. N	NAME OF HOSPIT	AL (If not in haspital, s	jive street	address)		d STREET AD	DDRE\$5				-	. IS RESIDENCE ON A FARM?
		OVE STATE		PITAL		27 N	Car	ey Str	eet			YES NO
DEC	ME OF EASED	Fi	rşt	Middle		Lost		4. DATE OF	Mo		Day	,
	e or print)	Harley	T			Millir		DEATH		tober	7	19 57
5. SEX	Translation of the state of the			ED NEVER MARRIED 8		DATE OF BIRTH 9. AGE (In years lost birthday)				YEAR	Hours Min	
	ale	white	WIDOWI			July 30			62 yrs			
10a US	SUAL OCCUPATION of work	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUSTR	RY 11. BIRTHPLA	CE (State	ar fareign ca	untry)			WHAT COUNTRY
	unknown					Unkr	nown			U.	S.	A.
13. FAT	HER'S NAME	Unknown				14. MOTHER'S Uni	MAIDEN N					
15. WA	S DECEASED EVE	R IN U. S ARMED FOR	CES7 16.	SOCIAL SECURITY NO.	17 INF	ORMANT			Ade	dress		
(Yes, no.		If yes, give wor or dates of s	ernce)	known		cords:	SPRI	NG GR	OVE ST	ATE HO	SET	TAL
		TH. [Saturately and or			-1	corus.	DITE	no on	O V 1. D 1 1	WITD TV		
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY Arteriosclerotic heart disease ONSET AND DEATH VOCATE VOCATE ONSET AND DEATH								TAND DEATH			
	IMMEDIATE CAUSE (6)											
		DUE TO	,									
	Conditions, if ony, which (b)											
	cause (a), stating the <u>under-</u>											
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY											
CATIO	TARI G. OIII	ER SIGNIFICANT CON	IDINIONS S	ON INDIANA TO DEA	00114	OT RECAILD TO	THE TERM	IIIAE DISEASE	CONDITION G	**************************************	(10)	PERFORMED? YES NO
CERTIFICATION	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
WEDICAL 200	Hour e.m.	Y Manth, Day, Ye	ar 20d. II While	NJURY OCCURRED Not while	20e PLAC facto	E OF INJURY (H ry, street, affice	lome, form bidg., etc	n, 20f. (City	or town)	(Ca	iunty)	(State)
			4	Sen	. 27	10 57	. (ct. 7	.57	4 . 1 1		.0
I I .	. Ω	at I attended the	deceds	77		, 19,	7.251					w the deceased
l la	alive an, 19, and that death accurred atM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED											
AC SIC	TUAL	Sulla		hater	м	D. SPR		GROVE	STATE	HOSPIT	PAL	7-8-57
	YSICIAN'S AME (Type)	Stella	Wach	sler, M. D.		Cato	nsvi	lle 28	, Maryl	and		******
220. Bi	IRIAL, CREMATIO	N, 226 DATE THEREC)F	22c NAME OF CEME	TERY OR	CREMATORY		22d LOCAT	ION (City, town,	or county)		(State)
	MOVAL (Specify)	10/14/	57	2/24. f	UTU	ns.		150	eti.	2000	1.	
23: FUT	NERAL DIRECTOR	SIGNATURE		ADDRESS	- \		24a. REC'	D BY REGISTI	RAR 24b REG	ISTRAR'S SIGN	NATURI	E

BUREAU V. S.

75C1 A1 130

DECENTED

DECENTED

BUREAU V. S.

within o 15M 9/55 10378

Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) c. CITY OR TOWAL (If outside corporate limits, write RURAL and give reprett town) IS RESIDENCE ON A FARM? ASHINGTON YES T NO P Day Year 19.5 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN WAS AUTOPSY PERFORMED? YES NO 14 (County) (Stote) ____, 19_5_ That I last saw the deceased A M, from the causes and on the date stated above. DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) Poplar Springs 240. REC'D BY REGISTAR 246. REGISTRAR'S SIGNATURE Damascus.

DE VIEW IN IN

1/2		MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE	, 18 10379					
to		10388 CERTIFICA	ATE OF DEATH	Reg. Dist. No.					
Page 4 lirectal led with	1. P	LACE OF DEATH L. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If ins p. STATE b. COU						
death:	-	o. CITY OR TOWN (If outside corporate limits, write RURAL and give neprest town)	c. CITY OR TOWN (If outside corporate limits, wr						
by the f	2	s. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR IN BEECHWOOD AVE	d. STREET ADDRESS 207 N. Beechwood Ave.						
ill not see that	3 1	NAME OF First Middle DECEASED Type or print) Dolores J. Monaghan	Lost 4. DATE OF DEATH OC to	Manth Doy Year 15,1957 19					
d withir letely f	5. 5	Female White WIDOWEDS DIVORCED	B. DATE OF BIRTH NOV. 2,1889 9 AGE (in y) 67	ors IF UNDER 1 YEAR IF UNDER 24 HRS ay) Months Doys Hours Min.					
id camilided in poper death.		100. USUAL OCCUPATION (Give kind of work done lob. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 3111ing Machine Operator Schloss Bros. Balto.Md 12. CITIZEN OF WHAT COUNTRY U.S.A.							
ician all e carbo	13. FATHER'S NAME Geo. Habighurst Jary Gobright								
rg phys remov 72 hour	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) 215 01 8581 irs. Joseph Codd. 207 N. Beechwood Ave								
atte=dia		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		interval Between onset and Death un allep					
vires that the gned by the permit. Ther in any event			x Cardio Varendan pl						
hysician. Is been si shen si transit aval, and	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION	H GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?					
AN: The ending F ficate he ficate he the buring ar remis		206. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port 1 or Port 11 of item 18						
PHYSICi ol or oth his certal use as emotion,	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for the p. m. 19 of work of work	ACE OF INJURY (Home, form, 20f. (City or town) ctory, street, office bldg., etc.)	(County) {State}					
NDING e hospitt i: After t oched far urial, cri		21. I certify that I attended the deceased from augustive an OF. / 1, 1957, and that death	1957, to QCL 15, 19, occurred at 50° M, from the caus	5.7, that I last saw the decease es and an the date stated above					
A ATTE		ACTUAL SIGNATURE Louis R. Maser	M.D. 4335 Reel of TEA	own, states 10/16/5					
retaine RAL Di Puld Puld		PHYSICIAN'S NAME (Typo)	<u> </u>	/					
moy be o FUNT poget the re		Burial Cremation, 226. Date thereof REMOVAL (Specify) Burial Oct. 18/57 New Catheda	Baltimore	29,Md.					
VS A15 (4) 15M 9/SS		funeral Director's Signature address tzke Funeral Directors, 4101 £dmo	24g, REC'D BY REGISTRAR 24b.	REGISTRAR'S SIGNATURE					

BUREAU V. &

DESENALE

VS A15 (4) 15M 9/55 11

	, 10389	CERTIFICA	TE OF DEATH	Reg. I	10380 = =				
	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. Balto.						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OWINES MILLS	12 Years	Owings Mil	d give nearest town)					
	d. NAME OF HOSPITAL (If not in hospitol, give street or institution, 11511 Reisterstown, I	oddress)	d. STREET ADDRESS 11511 Rei	e. IS RESIDENCE ON A FARM? YES NO X					
1	NAME OF First DECEASED (Type or print) Ellen	Middle E •	Moser 4	DEATH OCT.	24 Negr Year 19 57				
1	Female 6. COLOR OR RACE 7. MARK		DATE OF BIRTH April 11,18'	I lost biethilost I	ER 1 YEAR IF UNDER 24 HRS. Doys Hours Min.				
/ [1	0a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) HOUSEWILE	KIND OF BUSINESS OR INDUST Housework	IRY 11. BIRTHPLACE (Stole or Maryla)	_	USA				
1	George H. Strine		Mary L. Wenrick						
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. You no or unknown? (If yes, give not dote of service)		s.Ruth Chan	ey Owings Mill	s				
CERTIFICATION	18. CAUSE OF DEATH (Enter only one couse per liphart I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoting the under: PART II. OTHER SIGNIFICANT CONDITIONS	rasture)	Feart Fra	La La Chronic	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ART 1(o) 19. WAS AUTOPSY PERFORMED?				
	20c. TIME OF INJURY Manth, Day, Year 20d. II Hour a. p., While p. m. 19 at wor	Not while facts	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)				
	21. I certify that I attended the deceased fram 1953, to 1953, to 24, 1953, that I last saw the deceased alive an Actual Advance of the causes and an the date stated above. ACTUAL SIGNATURE M.D. ACTUAL SIGNATURE M.D. ACTUAL SIGNATURE M.D. ACTUAL SIGNATURE M.D. ACTUAL M								
1	PAME (Typo)	22c. NAME OF CEMETERY OR		2d. LOCATION (City, town, or county					
2	Burial Oct. 28/57 Druid Ridge Pikesville Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REGISTRAR'S SIGNATURE 3								
	J.F. Eline & Sons Reisterstown, Md. DATE 10 24-57 Wory & 21								

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU Y. &

DECENAED.

3000 E. Baltimore St., Balto, Md.

A AMENIAS

ACCESSAI

			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	0382
			, 10391 CERTIFICATE OF DEATH Reg. Dist. N	10. 485
	- 3	1. [PLACE OF DEATH COUNTY Baltimore County MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence be county Baltimore County MARYLAND	fore admission)
			b. CITY OR TOWN (if outside corporate limits, write pural or of STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give in the pural of the pural or of	nearest lown)
	1 1		d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION State Hospital GSTREET ADDRESS Mt. Wilson State Hospital	e IS RESIDENCE ON A FARM? YES NO
		3	NAME OF DECEASED (Type or print) NAME OF LOSI OF DATE Month OF DEATH OF	8 1957
	I	5 ! F	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF, BIRTH 9. AGE (In your birthday) Months Day WILLIAM WILLIAM WILLIAM Months Day William Willi	AR IF UNDER 24 HRS 5 Hours Min
/	\mathcal{L}_{l}	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign caunity) OULD FOR SEWIFE (Stole or foreign caunity) PENNSYLVANIA	S.A.
		13	FATHER'S NAME CHARLES MILLER LAURA NAME LAURA NARE	EL
	. >	15. (Ye	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Hospital Records, Mt. Wilson State H	ospital
			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I, DEATH WAS CAUSED BY:	NTERVAL BETWEEN NSET AND DEATH
			197X DUE TO	
			Conditions, if any, which gave rise to immediate cause (a), stating the under-	
	4	CATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
		CERTIFIC	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	100000
		MEDICAL	20c. TIME OF INJURY Month Day. Year 20d INJURY OCCURRED Haur o. m. 20f (City or town) (Count factory, street, affice bldg, etc.)	ty) (State)
		*	21. I certify that I attended the deceased from 1/29, 1950, to 10/8, 1957, that I last	saw the deceased
			alive on 10 1, 1907, and that death accurred at 11 1 10 1, from the causes fand on the causes (Street, city or town, state)	fate stated above. DATE SIGNED
	1		SIGNATURE VV CEL COM PLAND CAPPELS MD. 1716 WITSOIL PREILY LEATED	
		27.0	PATSICIAN'S William Newcomer, M. D., Superintendent 11 + 11 - 15 - 7 - 7 FBDRIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d 19CATION (City towns of county)	(State)
	, (23/	FUNCIAL DIRECTOR'S SIGNATURE A ADDRESS 240, REC'D BY REGISTRAR 240 REGISTRAR'S SIGNAL	nd Inte
	· X	بو	Lecenostra on Hama Gener, Md. DATE 10-10-57 Grand	un with
	1		Den 51 h	1. 000



JCT 11 1957

BUREAU V. E.

executed within 24 hours

THATEO EN

Z .V UABRIT

CERTIFICATE OF DEATH

Box Dist No.

2000	0=1(111110)		R ₁	eg. Dist. Ne.
1. PLACE OF DEATH Baltimore		2. USUAL RESIDENCE (WM	ere deceased lived. If institutions	
	MARYLAND		110	Pr. Geo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	C CITY OR TOWN (IF as	utside carparate timits, write RURA	L and give nearest town)
Catonsville	9mth12dys	West Hyatts	sville, Md.	1
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION		d. STREET ADDRESS 5821 - 32nd	Astonso	e. IS RESIDENCE ON A FARM?
	ITAL			YES NO NO
(Type or print) Martha	Litchfield	Nutter	4. DATE Month OF DEATH OCTO	ber 25 19 57
5. SEX 6. COLOR OR RACE 7. MARR	RIED ::MIVEESIMARISME	B. DATE OF BIRTH	lost birthday)	UNDER 1 YEAR IF UNDER 24 HRS
female white widows	- A	Aug. 28, 188	3T 70 yrs.	
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
none	Marc	Virginia		U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
George W. Chase		Mary Eli:		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? [16, [Vos., no or unknown] [If you, give you or depart of service]		nformant ecords: SPRII	NG GROVE STATI	E HOSPITAL
18. CAUSE OF DEATH [Enter only one couse per lin	ne for (o), (b), and (c).]			INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	ardiac failure			ONSET AND DEATH
4 2 2.1 DUE TO				
£ "	rterioscleroti	c cardiovascu	lar disease	
gove rise to immediate Cause (a), stating the under-				
lying cause lost. (c)	Artericscleros	is, generaliz	ed dnd severe	
PART II OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II OTHER SIGNIFICANT CONDITIONS O				YES NO I
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort (or Part II of ilem 18)	
3 20c. TIME OF INJURY Month, Doy, Year 20d. IF		ACE OF INJURY (Home, form,		(County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. If Hour c. m. 19 While of worl	CIVE WHILE	ctory, street, office bldg , etc.	1 2	
21. I certify that I attended the decease		3	ct. 25 1957	hat I last saw the deceased
alive an Oct. 25	57 and that death			an the date stated above
	n one man deam		LDDRESS (Street, city or town, stat	
ACTUAL SIGNATURE SIGNATURE	Kar aush	SPRING (GROVE STATE H	OSPITAL 10-25-57
PHYSICIAN'S Bruno Radauskas,	M. D.	Catonsvi	lle 28, Marylan	3
220. BUR AL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	100	22d LOCATION (City, town or co	ouniy) / (Stote)
142192 15/28/57	FORT LINCO	an Cem	COLMAR MAN	22 12600 Co, 14
23 FUNERAL DIRECTOR'S SIGNATURE	C ADDRESS	2 5-10		ARY SIGNATURE
John Charlos de	- Corregala	A VAIE	CT 3 0 5/ LUU-A	- LALLE/A

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death Page 4 in by the funeral director, and 2 should by tited with may be retained by the hospital or attending physician.

TO FULFARAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filt page. Thould be detacked for use as the buriol-transit permit. Then please remove carbon papers. Page the idestror prior is buriol, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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OCT 30 195Z

MECHALL



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

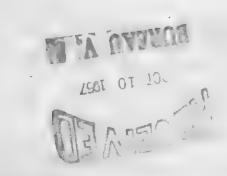
CERTIFICATE OF DEATH 10394

10385

	. 2 0 0 1	
	PLACE OF DEATH o. COUNTY Baltimore MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE Maryland b. COUNTY	
_	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)	¥
	Catonsville 8 mths ldy Baltimore	
14	d. NAME OF HOSPITAL (If not in hospital, give streel address) OR INSTITUTION STRING GROVE STATE HOSPITAL d. STREET ADDRESS ON A FARM 3404 Woodlawn Avenue ves [] wo	17
, ,		<u></u>
	NAME OF First Middle Lost See Month Day Year OF DECEASED (Type or print) Anna W. Percell DEATH 10 7 19	57
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years 1F UNDER 1 YEAR IF UNDER 24 H	
	female white widowed Divorced July 24, 1884 losty biddy Menths Days Hours Mir	n
	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Waryland 12. CITIZEN OF WHAT COUNTRY II BIRTHPLACE (Stote or foreign country) Waryland U. S. A	
-	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	uninoun THOMAS CONNOR Unknown TERESA CONROY	
	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 16. SOCIAL SECURITY NO 17. INFORMANT Address 17. Information of services 18. SOCIAL SECURITY NO 17. INFORMANT Address 18. SOCIAL SECURITY NO 18. SOCIAL SEC	
0	no 212-14-1091 Records: SPRING GROVE STATE HOSPITAL	
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardiac failure ### Add. DUE TO	
	Conditions, if ony, which) (b) Arteriosclerotic cardiovascular disease	
	couse (o), stating the under lying couse lost. Out to Arteriosclerosis, generalized and severe	
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP	?
	YES NO 20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of Norm 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 20d. INJURY OCCURRED FIACE OF INJURY (Home, farm, 20f. (City or town) [Caunty] (State of work	otej
	21. I certify that I attended the deceased from Jan. 21 , 1957, to Oct. 7 , 19 57, that I last saw the deceased	ased
	alive on Oct. 7	
	ADDRESS (Street, city or town, stote) DATE SIG	GNED
,	SIGNATURE Stella 16 C C' LICE MD. SPRING GROVE STATE HOSPITAL 10-7-5	57
	PHYSICIAN'S Stella Wachsler, M. D. Catorsville 28 Maryland	÷
	O- BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)	
	Burial 10/10/57 Cathedral Cemt. Baltimore Md.	
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS PROTECTOR'S SIGNATURE ADDRESS PROTECTOR'S SIGNATURE	
	3218 Hildson St. Dave	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be TO FU

executed within 24 hours after death; Page 4



10386

CERTIFICATE OF DEATH 10395

1-		<u>, </u>			Kag, Disi,	140.
1,	PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Mary		COLINITY	pelore admission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate limits	, write RURAL and give	nearest town)
Х.	Catons ville	lyr7mth3dys	ll .	City, Mary		
	d. NAME OF HOSPITAL (If not in haspital, give street		d. STREET ADDRESS			. IS RESIDENCE
L	OR INSTITUTION SPRING GROVE STATE HO	SPITAL	34 Park Ave	enue		ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Elizabeth	Mead	Poisal	4. DATE OF DEATH	Month October 17	Day Year 1957
5.	SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B DATE OF BIRTH	9. AGE (1	43.4	AR IF UNDER 24 HRS
	female white widow	ED K DIVORCED	sunicación //4		3? yrs. Months Doy	rs Hours Min
10	USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OF INDU	STRY 11 BIRTHPLACE (STOLE			OF WHAT COUNTRY?
	housewife	Jano entre	Mary:	land	υ.	S. A.
13.	FATHER'S NAME	Ord L	14 MOTHER'S MAIDEN N			
	maleneum 7/1/21/19	Mondo	- tolera	un Polo i	5/2	
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 117. II	NFORMANT	1/10/	Address	
[A	n, no. or unknown) (If yes, give war or dates of service)		ecords: SPRI	NG GROVE	STATE HOS	SPITAL
-	18. CAUSE OF DEATH [Enter only one cause per li		ecurus: SFRI	NG GROVE		NTERVAL BETWEEN
	AART I OCATILIANS CANGED AN					DISET AND DEATH
		ardiac failure				
	4ddal DUE TO			1 -		
	gave rise to immediate	rterioscleroti	c carelovascu	tar diseas	9	-
	cause (a), stating the under-	3.1 2				
_		eneralized arte				
Ē	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDIT	ION GIVEN IN PART 1(c	PERFORMED?
15						YES NO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING (200). DES OR CONTRIBUTING (200) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enler nature of injury in F	Part I or Part II of item	18)	
MEDICAL			ACE OF INJURY (Home, form	, 20f. (City or town)	(Coun	ity) (State)
E S	Hour a.m. While p.m. 19 at wa	Not while	ctory, street, office bldg., etc.)		
	21. I certify that I attended the decease	Sent 1	3 10 57 40 0	ct. 17	10.57	Service de la consensación
		57 and that death				
		2 2		ADDRESS (Street, city of		date stated above, DATE SIGNED
	ACTUAL Jelle Mae	koler		ROVE STA		
	SIGNATURE		M.D			
	PHYSICIAN'S Spella Wachsle	r, M. D.	Catonsvi	lle 28, Ma	ryland	
224	BURIAL CREMATION, ZZb. DATE THEREOF	220 NAME OF CEMETERY D	R CREMATORY	22d. LOCATION ICity	, lawn, or county)	(State)
	12 WIND 10-19-195	Noudow la		Balt		Md
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REQ	PHY REGISTRATY 24	BEGISTIKAR'S SIGNA	TURE
4	Muc Mait Son	28	DATE		morrisone.	h

VS A15 [4] 15M 9/5S

BULLEND V. S.

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VS. ATSME(S) 5M 9/55 H

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10396 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

	I. PLACE OF DEATH	1			2. USUAL RESIDENCE	(Where decea	sed lived. If Institu	rtion: Residence b	efore admission)
		lto		MARYLAND	a. STATE	4	b. COUNT	Ralto.	
	b. CITY OR TOWN	I (If outside corporate limits, wri	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
/ .	Catons			LIFE	Catonsvi	ille			
	d. NAME OF HOS	PITAL OR INSTITUTION	(If not in ha	pital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	10% Righ	on Lene			103 Rish	on tan	10		YES NO
ŀ	3 NAME OF	Fi	alt	Middle	Last	4. DATE	Month	h Day	у Үеат
	(Type or print)					OF DEATH			
-	5. SEX		Orter	ED NEVER MARRIED B.	DATE OF BIRTH	Destill	9. AGE (In years	IF UNDER TYEAR	/_
	** 1761	o. Colon On Mac.		1	DATE OF BIKIN		loss birthday)	Months Days	Hours Min.
	Male	White	WIDOWE		Sep. 26	1991	66 yrs.		
,	100. USUAL OCCUP/ during most of wo	ATION (Give kind of work rking life, even if retired)		CIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stat	le Or foreign c	ountry)		OF WHAT COUNTRY?
1	Inspet		Ga	s & Elec. Co	Md			U	S •A
	13. FATHER'S NAME	1			14. MOTHER'S MAIDEN	NAME			
	Andrew	J. Porter			Clare	a C. F	Priester		
	15. WAS DECEASED	EVER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17,-IN	FORMANT	(,)	Address		
/ [Yes	W W 1	1	11	2001 Jn.	0020	L'S		
-		EATH Enter only one car	use per line	for (a), (b), and (c),)				INT	ERVAL BETWEEN
- 1		EATH WAS CAUSED BY			• _			ON	SET AND DEATH
		, IMMEDIATE CAUSE (o	Co	ronary Thrombo	313				
- 1	7	DUE TO							
	Conditions, if		L						
-1	(a), stating th								
	cause last.	(c)							
	PART II.	OTHER SIGNIFICANT CON	DIT ONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	WINAL DISEAS	E CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY
	AT								PERFORMED?
	PART II. O	CAUSE WAS 20	b. DESCR BI	HOW INJURY OCCURRED. (E	ater poture of injury in Po	et Lac Port II	of item 10 t		163 [] 140
	PRIMARY Dor (UNIKBUTING LE		the state of the s	not notice of injury in 70	311 01 (01 11	ul Held To.)		
				ALIMAN ACCURED OF					
1	20c. TIME OF IN		Pr 20d. 1 While		E OF INJURY (Hame, for ry, street, office bldg., et	m. i 20f. (City c.)	or tawn)	(County)	(Stote)
1	ž p.			rk ot work					
	21, I certify	that I took charge	of the	emains described above	re, held an Autop	sy 🗍 Ir	spection.	Inquiry 🖟	and find that
		ed from: Natural	-		· ·		ndetermined c	1 1000	ga atta itta itta
		NI 1	14	11 11	, Homseld	, O	igererininea e		
	ACTUAL	4/25/	mos	11. Lan	CHEC HERMAN				DATE SIGNED
-	SIGNATURE	KEN: 191	1/	ugge	_M.D. CHIEF MEDICAL E	_	_		
	EXAMINER'S			// //	ASSISTANT MEDIC	CAL EXAMINE	R		
	NAME (Type)	Jeo. S. M. K	ieffer	. M. D.	DEPUTY MEDICAL	EXAMINER	₫ C	ot. 7, 1	957
1		TION, 226. DATE THEREC)F	22c. NAME OF CEMETERY OR	CREMATORY .	22d. LOCAT	TION (City, town, o	or county)	(State)
1	REMOVAL (Spec	10/9/	57	O.Salta U.S	· mationa	N G	Salto	Tred	•
1	23. FUNERAL DIRECT	OR'S SIGNATURE	1	ADDRESS		'D BY REGIST	RAR 24b. REGIS	TRAR'S SIGNATU	IRE
. }:	1/22111	77/1/1-	2/17	, 28			57 (18)	1 -1	
7	11/600	- 10000	100	/	DATE (1019		- PRILLE	

BUREAU V. E.

within 24 hours

BUREAU V. E.

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BECEINED

			MARYLA	ND ST	ATE DEPAR	TME	NT OF HEALT	H-BAI	TIMORE, 1			
-			; 1039	7	CERTIF	ICA	TE OF DEAT	Н		Reg. Dist.	()389 No.	23
	1. [LACE OF DEATH L. COUNTY	are		MARYLA	UND	2. USUAL RESIDENCE (W. o. STATE		b COUNTY	on: Residence	,	ion)
			autside corporate limits, v arest lawn),		ength of stay in		c. CITY OR TOWN (If			URAL and give	neorest aw	nl /
			AL (If not in hospital, give				d. STREET ADDRESS		,	, , , , ,		SIDENCE A FARM? NO X
		NAME OF DECEASED Type or print)	Lance	L	Middle	K	ausach	4. DATE OF DEATH	Mon	,	f at	Year 19 <i>5</i> 7
	5. 5	Mare	77.0	MARRIED [NEVER MARRIED	_	5-17-24	!	9. AGE (In years last birthday)	Months Do		ER 24 HRS Min.
- 1	10a	USUAL OCCUPATIO	ON (Give kind of work done ing life, even if retired)	105. KIND	OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (STORE	or foreign	country)	12 CITIZE	N OF WHAT	COUNTRY?
		FATHER'S NAME	milton K	-a-ux	Zarki		14. MOTHER'S MAIDEN	NAME	leg			
)	15.	WAS DECEASED EVER	R IN U. S ARMED FORCES		AL SECURITY NO.	17, IN	formant faspital	Rica	rele C	Pering	2 mi	de, me
		PART 1. DEAT	TH [Enter anly one couse TH WAS CAUSED BY. IMMEDIATE CAUSE (a)	per line for Bel	(0), (b), and (c).]	. /	nima	net	x-D		INTERVAL BE ONSET AND	DEATH
v		492X Canditians, if an	DUE TO									
		lying couse lost.	nmediate (
0	CERTIFICATION		Marzgal			H BUT N	IOT RELATED TO THE TERM	MINAL DISEAS	SE CONDITION GIV	EN IN PART 1	PERFC	AUTOPSY PRMED?
		200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING () 201 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE	HOW INJURY OCC	URRED.	(Enter nature of injury in	Port I or Pa	rt 11 af item 18.)			
	MEDICAL	20c. TIME OF INJURY Have a.m. p. m.		White	OCCURRED 2 Not while of wark	Oe. PLAC	CE OF INJURY IHome, for ary, street, affice bldg., et	m, 20f. (Cit	y ar town)	(Cov	nty)	(Stote)
		21. I certify the	ot I attended the de	eceosed fi		//	. 19.57, to Coccurred ot 3.10 /	96+ 1	2	Zthat I los	t sow the	deceosed
		ACTUAL 2/	BU	rhus	•		D. Russian		m the causes of Street, city or town,			ATE SIGNED
- 1		PHYSICIAN'S NAME (Type)	ala. 10 St	- villa		M	.D	iliki	C-W-C	22 // 200	4, 1112	kuluf,
	220		N, 22b. DATE THEREOF	220	NAME OF CEMET	ERY) OR	CREMATORY	22d. LOCA	ATION (City, form,	or county)	واعتر	(e)
	23.	FUNERAL DIRECTOR'S	S SIGNATURE	11	ADDRESS	E. Jung	240. REC	D BY REGIS	TRAR 246. REGI	TRAR'S SIGN	TURE	
	Š	Wing.	Interested .	1 felient	er -tim	Lery	Dry Mark	141	357 //	any ?	dises	

BUREAU W. E.

7861 PT 130



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please exe-	4 should be		, cremotian,
EXAMINER: This certificate should be executed within 24 hours after death. If any Telay is mecessory,	ng" in pencil in Item 18. Give Pages 1, 2, and 3 to the fungral diretar. Page	ng with form PM3. Page 5 may be retained fart it files.	it. File pages I and 2 with the reputror prior to burial, crematic
scuted within	em 18. Give	form PM3. P	it permit. Fil
should be exe	n pencil in Ite	olang with	d as a burial-transit permit.
This certificate	ling the word 'pending' i	iner's (3: Page 3 should be used as
EXAMINER.	writing the w	hief Medical Exam	OR: Poge 3 sh
PUTY MEDICAL	te the certificate, writ	Frided to the Ch	TERAL DIRECTO
TO DES	cute	1	O

1 3	*	, 1039
\$ 2 °	I	tems 8.9:
EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any letay is mecessory, please executed the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dirmitar. Page 4 should be used to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far A. files. **ERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the reputral prior to burial, cremation, removal.		PLACE OF DEATH a COUNTY
r is mecessory, primator. Page 4 es. prior to burial,		o. CITY OR TOWN (III
1 P	-	Ridgewo
aran in line i		J. NAME OF HOSPIT
diring a pr		4102
ny Jelo		NAME OF DECEASED (Type or print)
If on the fur the rail	5. :	SEX
3 to # foined with #		Male
n 24 havrs after death. If any Jel e Pages 1, 2, and 3 to the fungral Page 5 may be retained farth. ile pages 1 and 2 with the reputro	1 3	USUAL OCCUPATION OF WORKING MORE Man
s offer 2, and 1 and 1 and 1		FATHER'S NAME
A hours		Jilli
Saga Baga	15.	WAS DECEASED EV
Give Pages 143. Page 5. 114. File pages 114.		no
PM3. G		18. CAUSE OF DEA
ofed with 18. Gran PM3. Permit.		PART I. DEA
ould be executed pencil in Item 18. olang with form Pl burial-transit perm		420.1
\$ 12 T 2		Canditions, if a
hould be exe pencil in Ita olang with burial-trans		(a), stating the
i ce o	-	couse lost.
: This certificate st vord "pending" in Examiner's Office rould be used as a	MEDICAL CERTIFICATION	PART II OTH
VER: This certificate to word "pending" cal Examiner's Offical Schould be used at 3 should be used.	ERTIFIC	20a EXTERNAL CAL PRIMARY ☐ ar COI CAUSE OF DEATH.
Thi	At C	20c. TIME OF INJUI
3 sh x 2 sh x 3	EDIC	Hour o.m.
fing the very find the very fi	>	21. I certify th
EXC ef %		death resulted
EPUTY MIDICAL EXAMINER: This e the certificate, writing the word care to the Chief Medical Examined to the Chief Medical Examined to the CTOR; Page 3 should removal.		acam resomed
Feet Feet		ACTUAL
Manual Control		SIGNATURE
EPLITY In the control of the control		EXAMINER'S NAME (Type)
0. 7	220	DIDIAL CREMATIC

VS A15ME(5) 5M 9/55

10398 MARYLAND STATE DEPARTMENTS MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH Reg. Dis	()39() 1. No. 37
E OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen	ce before admission)
Baltimore MARYLAND	a. STATE Md b. COUNTY A.	A. Co.
TY OR TOWN (If ourside corporate limits, write RURAL and give nectron sown) Ridgewood Ly hrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and (Linthicum Hights	give nearest town)
ME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS	a. IS RESIDENCE
4102 West Drive	147 Mursery Road	YES NO
ASED First Middle Reigle Reigle	Leet 4 BATE Month OCT • 21	Day 957 Year
6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 8	DATE OF BIRTH 1899 9. AGE (In years if UNDER I's fees berinday)	YEAR IF UNDER 24 HRS.
Tale White WIDOWED DIVORCED	Seut. 7.7897 53 yrs. Months D.	ays Hours Min.
JAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUST gmost of working life, even if retired)	(RY 11, BIRTHPLACE (State or foreign country) 12, CITIZE	N OF WHAT COUNTRY?
re Man Western Elec.	Odenton, Maryland U.S	1
HER'S NAME	14. MOTHER'S MAIDEN NAME	
William T. Reight	Cora C. Simpson	
DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, II	NFORMANT Address	
47/ 70 003/-	s. Fauline Reigle Same As	
CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	De la contraction de la contra	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Coronary Th	rombosis	ONSET AND DEATH
IMMEDIATE CAUSE (o)		
aditions 16 and which \		
e rise to immediate cause		
stoling the underlying DUETO		
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	AND DELATED TO THE VERMINIAN DISEASE CONSTITUTE OF SHELLING RATE	L. Jan Mac Allenary
	ACT REDATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
EXTERNAL CAUSE WAS AARY OF CONTRIBUTING DISE OF DEATH.	inter nature of injury in Port I or Part II of Item 18.)	
TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLAI	CE OF INJURY (Home, form, 20f. (City or town) (Cauni	ty) (State)
Hour p. m. While Net while facts	ory, street, affice bldg., etc.)	41
I certify that I took charge of the remains described abo	ve, held an Autopsy . Inspection . Inquiry	T, and find that
	cide , Homicide . Undetermined cause .	, Gila iiila iiiai
TUAL STOMME! How	CHIEF MEDICAL EVANINED T	DATE SIGNED
NATURE : CO	ASSISTANT MEDICAL EXAMINER	
AMINER'S ME (Type) Geo. S. M. Kieffer M.D		21,1957
RIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR		(State)
rial Oct. 25/57 Loudon Par	k Cem. Baltimore I'd.	

220 BURIAL, CREMATIC REMOVAL (Specify Burial 23. FUNERAL PROCTOR'S SIGNATURE ADDRESS OCI 2 4 0/ Glen Burnie. DATE

2 .V UAFalla

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		MARYLAN	ID STATE DEPAR	TMENT OF H	EALTH-BA	LTIMORE, 1	8 10	391
		, 10399	CERTIF	CATE OF D	EATH		Reg. Dist. N	11 ()
H	1 PLACE OF DEATH 6. COUNTY	ltimore	MARYLA	II - CTATE	SENCE (Where decess	sed lived If institution b. COUNTY	ni Residence bet	ore admission)
4		If autside carporate limits, wri	6. LENGTH OF STAY IN	11	OWN (If autside car)	parate limits, write RU	JRAL and give n	earest town)
10	OR INSTITUTION	TAL (If not in hospital, give str dministration		d. STREET A	Aisquith	Street		o. IS RESIDENCE ON A FARM? YES NO R
	3 NAME OF DECEASED (Type or print)	First JAMES	Middle E.	REVE	4. DATE	Mont		Yeor 19 57
	5. SEX Male		MARRIED DIVORCED	- 1 1		9. AGE (In years law birthday) 50 yrs.	Months Days	R IF UNDER 24 HRS Hours Min.
- 1	Trackman	ON (Give kind of work dane) king life, even if retired)	Railroad	Virg	ginia	country)	12. CITIZEN	OF WHAT COUNTR
		E. Revely		Ama	maiden name anda Flash	man		
1	15. WAS DECEASED EV [Yes, no or unknown] Tes	FR IN U. S. ARMED FORCES? [II yes, give wer or doten of terrice] WWII		Clin.Rec.Ve	ets .Admin.	Addre Hospital, F		d.Md.
	PART I. DE	ATH (Enter only one couse po ATH WAS CAUSED BY: PO IMMEDIATE CAUSE (c)	er line for (a), (b), and (c).] NTINE (BRAIN S	STEM) HEMOR	RHAGE		10	TERVAL BETWEEN UN KNOWN
	Canditions, if a	DUE TO	PERTENSION					UNKNOWN
	couse (a), stating lying cause last	the under-	SCULAR NEPHRI					UNKNOWN
包.	5		NS CONTRIBUTING TO DEATH				EN IN PART I(G)	PERFORMED? YES MO
		MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU					
	ZOC. TIME OF INJU Hour a. m. p. m	WI	d. INJURY OCCURRED 20- hile Nat while work at wark	PLACE OF INJURY (I factory, street, affice	lome, form, 20f. (Ci bldg., etc.)	ly ar lawn]	(Caunt)	(State)
			eased framOctober		12.55PM, fro		nd on the d	
	ACTUAL SIGNATURE	Couned l	Murls	w.o Veters		stration H		10/20/
,	PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATI BEMOVAL (Specify BUT181	DONALD D. MAR	22c. NAME OF CEMETER	Y OR CREMATORY		ATION (City, lawn, a		(State)
*	23 FONERAL DIRECTOR	'S SIGNATURE	ADDRESS Madison Avenu	e National	240. REC'D BY REGIS	1	TRAP'S SIGNATI	
CHARTES		TUARY, 802-04				357 AV	LUCAL	· · · · · · · · · · · · · · · · · · ·

DIAMES EN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10392CERTIFICATE OF DEATH 10400 Reg. Dist. No. director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) FRUNTY b. COUNTY be filed MARYLAND A b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO m -e 4. DATE NAME OF First Middle Year Month Day DECEASED OF DEATH (Type or print) 195 5. SEX 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days DIVORCED [WIDOWED IT. 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 1), BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most at working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17 INFORMANT Address offending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Zew Minn IMMEDIATE CAUSE (a). DUE TO Canditions, if any, which ! gave rise to immediate **DUE TO** couse (a), stating the underlying couse last. buriof-transit PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or Iown) Day, Year (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while of work at work 19.52 that I last saw the deceased 21. I certify that I attended the deceased from 10and that death accurred at 10 A.M. from the causes and on the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE pino PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 **ADDRESS** 24b. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

death. Page

within 24 hours

requires that

BUREAU W. E

NOV # 1957

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MARYL	AND STATE	DEPARTMENT	OF HEALTH-	BALTIMORE,	18
, 10401 ME	DICAL EXA	MINER'S C	ERTIFICATE	OF DEATH	

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-	Dist	- Billion	

1. PLACE OF DEATH o. COUNTY A A A A A A A A A A A A A A A A A A A	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence of STATE b. COUNTY # 1/2	ASIT DE
b. CITY OR TOWN It autitude corporate limits, write RUBAL C. LENGTH OF STAY IN 16 and give honorest towed	c. CITY OR TOWN (If outside corporate limits, write RURAL and a	give negrest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print) HeleN G. R. O	1dle 1 DATE OCT BOY	8 1957
	DATE OF SIRTH 9. AGE (In years left UNDER 1) 125, 1895 62 yrs. Months Day yrs.	YEAR IF UNDER 24 HRS, Oys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZE	EN OF WHAT COUNTRY?
		0+R+
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Henry Grote	Sophia Weigand	
(Yes, no, or enknown)) (If yes, give war or dates of service)	IFORMANT Address	
J.	Frank Riddle, Hyde, Maryland	
PART I. DEATH Enter only one cause per line for (o), (b), and (c).	Declusion N	INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
Conditions, if any, which) (b)		
gove rise to immediate cause		
(o), stoting the underlying course lost.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CAUSE OF DEATH,	nter noture of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLAC factor work p. m. 19 of work of work	E OF INJURY (Home, form, ry, street, office bldg., etc.) (Country, street, office bldg., etc.)	ty) (Stote)
21. I certify that I took charge of the remains described above	ve, held on Autopsy 🔲, Inspection 🔲, Inquiry	, ond find that
death resulted from: Notural causes 📆, Accident 🔲, Suic	cide, Homicide, Undetermined couse	
V MAPA		
SIGNATURE SCALAR COMMEN	M.D. CHIEF MEDICAL EXAMINER []	DATE SIGNED
EXAMINER'S G exild C PalmerM	P. DEPUTY MEDICAL EXAMINER D	10-7-5
270 BURIAL, CREMATION, 276. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
Burial 10-10-57 Druid Ridge Ce	metery Pikesville, Marylan	nd
23. FUNERAL DIRECTOR'S SIGNATURE William Cook, Inc., 1217 St. Paul Street	249 RECD BY REGISTRAR (245, REGISTRAR'S GIOR	IATURE

VS. A15ME(5) 5M 9/55



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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10395				
			10271 CERTIFICATE OF DEATH Reg. Dist. No.				
l director	BAR	1.	PLACE OF DEATH a. COUNTY Auliman MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) on STATE b. COUNTY				
funeral of	N	厂	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
by the fu	f w		d. NAME OF HOSPITAL (If set in hospital, give street oddress) OR INSTITUTION ON A FARM? YES NO				
i di			NAME OF Dest First Middle Dost Year OF DEATH OF DEATH OF DEATH OF DEATH				
o wirnin oletely fi rs. Pogr	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH WIDOWED DIVORCED 114479-1899 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HD). WIDOWED DIVORCED 114479-1899 Wonths Days Hours Min.						
ad camples no popers death.		100	SUSUAL OCCUPATION (Give kind of work done 186. KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? What Country is the first of working life free if retired).				
Series and a serie	RESTHER'S NAME LIMITER'S MAINE LIMITER						
attendi n pleas t within	18. CAUSE OF DEATH [Enter only one cause per lipt for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH						
by the			4.40. I DUE TO				
equires n. signed it permi			gove rise to smmediate cause (a), stating the under-				
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART							
ending ficate h the buri		CIRTIFE	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
ol or att this certi r use as		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work at work at work.				
Number of the spirit of the sp			21. 1 certify that lattended the deceased from fame, 1953, to 10/24, 1957, that I last saw the deceased alive on 10/20, 1857, and that death occurred at Le 13M, from the causes and an the date stated above				
of by the RECTOR be deta to be iar to be			ACTUAL SIGNATURE AND STEELS M.D. STATE SIGNED, COLOGIS				
refaire Did		L	PHYSICIAN'S NAME (Type)				
moy be pogethere		20	SEMINAL CREMATION, 226. DATE THEREOF TO A NAME OF CRIMETERY OR CREMATORY (SIGNATORY) (City, town, or country) (SIGNATORY) (SIG				
VS A15 (4) 15M 9/55	١,٠.	23 X	Julius Resy 246 Carvelle a Date Date Les Grantile and Les Grantile and Les Grantiles				

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A RYJYCJ

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 FOR STATE HEALTH DEPT. PLACE OF DEATH e. COUNTY lor, Poge our files, of Health, Baltimore b. CITY OR TOWN (If outside corporate firm is, write RURAL of F and area seared town) Dundalk 7.0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 200 76 Kinship Road 3. NAME OF Ford Middle DECEASED JACK (Type or print) Red 5. SEX Male White WIDOWED [7] DIVORCED [Y) CV ood during most of working life, even if retired) Steel Co. 13. FATHER'S NAME Joseph W. Robertson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 265-09-9870 18. CALISE OF DEATH | Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 0 **DUE TO** Offi Conditions, if any, which gave rise to immediate cause DUE TO le), staling the underlying ã couse fost. 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dov. Year Hour o. m. While Not while at work of work p. m. farwarded to National Joures 120 opinion death resulted from: ACTUAL **EXAMINER'S** NAME (Type) Paul F. Guerin, M.D. 220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) Oct. 16, 1957 Removal 0

. A15ME

10263 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE **B. COUNTY** MARYLAND Marvland Baltimore c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) Dundalk e IS RESIDENCE d. STREET ADDRESS ON A FARM? 76 Kinship Road YES NO TO 4. DATE Year OF DEATH 19 57 ROBERTSON October 6 COLOR OR RACE 7 MARRIED WT NEVER MARRIED TT 8 DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HBS 9. AGE (In years Months Hours Dec. 23, 1902 10a USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Hot Springs, Va. U.S.A. 14. MOTHER'S MAIDEN NAME Florence E. Rowan 17. INFORMANT Address Mrs. Virginia Carmen 3104 Crest Ave. Cheverly, INTERVAL BETWEEN Bronchopneumonia. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY PERFORMED? NO [20b. DESCRIBE HOW INJURY OCCURRED. JEnter noture of injury in Port I of Port II of item 18.3 20d. INJURY OCCURRED

20e PLACE OF INJURY (Home, form, 120f. (City or town) foctory, street, office bldg., etc.) (County) (State) 21. 1 certify that I took charge of the remains described above, held on Autopsy 36. Inspection . Inquiry Suicide . Homicide . Undetermined monner **DATE SIGNED** CHIEF MEDICAL EXAMINER [7] ASSISTANT MEDICAL EXAMINER THE DEPUTY MEDICAL EXAMINER [7] 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (Stote) Millboro, Va. Woodlane Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR Ullrich Funeral Home 4210 Belair Road. DATE

Part Sucle-

BUREAU W.

1961 37 10C

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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. 10404 **CERTIFICATE OF DEATH** Reg. Dist. No. l director. filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Maryland Baltimore MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Towson Towson d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 214 Washington Avenue 214 Washington Avenue YES NOT pug 2 NAME OF First M ddie Lost Month Year October 23, 1957 ETTA **JOHNSON** ROGERS (Type or print) DEATH 19 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 5 SEX AGE (In years lost birthday) IF UNDER TYEAR IF UNDER 24 HRS 8. DATE OF BIRTH Dec. 20. 1871 Months Female White DIVORCED | WIDOWED IV 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Own Home Maryland carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 뜡 Mary S. Johnson T. John son James remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Family records No None CAUSE OF DEATH [Enter only one couse per line for (o) INTERVAL BETYNEEN ONSET AND DEATH (b) and (c) ₲. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 420.1 **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) WEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg, etc.) Hour o. m While Not while of work of work 123 ... 195 7, that I last saw the deceased 21. I certify_that A attended the deceased from... and that death accurred at 11 = Po.M. from the causes and on the date stated above. ADDRESS (Street, city or Jown state) D'ATE SIGNED TO PHYSICIAN'S NAME (Type) DATE THEREOF 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR 22d LOCATION (City, town, or county) REMOVAL (Specify) Oct. 26.1957 Burial Jessops Cemetery Cockeysville. Maryland 23/FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Towson, Maryland VS A15 (4)

within

executed

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. K.

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FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be it foned for your files. 10 FU AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1, and 2 with the constant of the based of Health, are its gestionated agent, prior to burial, cremation, ar remayal, and is any event yithin 72 hours after afacth.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10405 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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b. CITY OR TOWN (If outside corporate I mix. write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate I mix. write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside c TOWSON d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STATE Maryland c. CITY OR TOWN (If outside c July 1) c. CITY OR TOWN (II outside c July 1) c. CITY OR TOWN (II outside c July 1) c. CITY OR TOWN (II outside c July 1) c. CITY OR TOWN (II outside c July 1) c. CITY OR TOWN (II outside c July 1) c. CITY OR TOWN (II outside c July 1) c. CITY OR TOWN (II outside c July 1) c. CITY OR TOWN (II outside c July 1) c. CITY OR TOWN (II outside c July 1) c. CITY OR TOWN (II outside c July 1) c. C	eosed lived If institution. Residence before admission) b. COUNTY Baltimore orporate limits, write RURAL and give nearest town)						
b. CITY OR TOWN (If outside corporate I m.s. write RURAL ond give nearest fown) TOWNOR d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A STREET ADDRESS	Datemore						
TOWSON d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	orparate limits, write RURAL and give nearest town)						
03 / 17 -1 /	e IS RES DE E						
214 Washington Avenue 214 Washington	Avenue YES NO P						
3. NAME OF DECEASED (Type or print) HARRY K. ROGERS 1.0st OF DEAT	10-7-10 110 0-						
5. SEX 6 COLOR OR RACE 7 MARRIED 1 NEVER MARRIED 1 8 DATE OF BIRTH	9. AGE In years IFUNDER TYEAR IF UNDER 24 (15						
Male White WIDOWED DIVORCED Feb. 8, 1878	79 yrs. Months Days Hours Min.						
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired— Caretakor Bank Building Maryland	n country) 12. CITIZEN OF WHAT COUNTRY USA						
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME							
William G. Rogers Elizabeth Rog	gers						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [You, no, or try Inflown] [If yea, give wor as dates all service]							
No None 217-14-3610A Family records	10 mm o						
Conditions, if any, which governor the underlying couse loss. Conditions to immediate couse (a), stating the underlying couse loss. Conditions to immediate couse (b) Conditions the underlying couse loss. Conditions to immediate couse (c), stating the underlying couse loss.	Harnia 7 Days						
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO THE PRIMARY OF CONTRIBUTING CAUSE WAS CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Port I or Port II of Idem 18.)							
					20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (C Hour o, m. p. m. 19 of work of work of work of work of work	(State)	
21. I certify that I took charge of the remains described above, held an Autopsy, opinion death resulted fram: Natural causes, Accident, Suicide, Hamicia							
SIGNATURE CENTRALES TO DONNELLAND, CHIEF MEDICAL EXAMINER [] DATE SIGNED							
EXAMINER'S (/ 2 2/es F. O DO WAR (/ 14 / DEPUTY MEDICAL EXAMINER)							
KEMOVAL (Specify)	CATION (City, town, or county) (Stote) keysville./Maryland						
Burial Oct. 21.1957 Jessops Cemetery Coc.							

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10400

Reg. Dist. No.

d. NAME OF HOSPITAL (If not in hospital, give on institution 514 Leeds		d. STREET ADDRESS	A.ve	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) Mary B. Sa	Middle MSON	Lost	4. DATE Mont	h Day Year 17, 1957
female White w	DOWED DIVORCED	Dec. 30, 297.	lost birthdoy) yrs	IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Haurs Min
On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10	DEL. III.	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
George A. Sam		Hannah M.		
i. WAS DECEASED EVER IN U. S. ARMED FORCES' (es, no. or unknown) (If yes, give war or dates of service	r) i	ry M.Secris	t, 214 L 33	Tan.C
18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [0]	per line for (a), (b), and (e);	Cardeac	Lailen	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which (b)	arteris pc	levitie	Keart	3mor
couse (a), stating the under DUE TO lying cause lost. (c) PART IL. OTHER SIGNIFICANT CONDITI	disease	NOT DELL'ATTO TO THE TENNIN	ility	
	D. DESCRIBE HOW INJURY OCCURRED			PERFORMED?
OR CONTRIBUTING LJ CAUSE OF DEATH		ACE OF INJURY (Home, farm,		(County) (State)
Haur a. p. m. 19 c	While Not while fac	clary, street, affice bldg., etc.]		
21. I certify that I attended the de alive on	1-2-7			, that I last saw the deceased and an the date stated above. DATE SIGNED
PHYSICIAN'S GEO.S A	1. KIEFFER	40	Bullo	Tued /57
REMOYAL (Specify)		R CREMATORY	eal rinore .0	r county) (State)
Howard H. Hubbard	4107 Wilkens	AVE L TOATEL	BY REGISTRAR 24b. REGIS	TRANS SIGNATURE
				00 \$

retained by the hospital ar attending physician.

At DIRECTOR: After this certificate has been signed TO FUNTE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH . 10406 Reg. Dist. No directo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY b. COUNTY be filed MARYLAND Baltimore Maryland ero CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN [If outside corporate limits, write RURAL and give negrest lown] RURAL and give nearest town) shauld Fort Howard 2 Dave Baltimere d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TO 2014 Presstman St Voterans Administration Respital 4 DATE 3. NAME OF Middle Month Doy Year DECEASED OF DEATH JOHN 57 SAUNDERS (Type or print) October 27 19 IF UNDER TYEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 9. AGE (In years lost birthday) 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Doys Male Negre WIDOWED [DIVORCED [38 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Windsor, Wirginia Tractor Operator Steel UUS.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician certificate John Saunders Mattie Evans 15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address ottending WW II Clin Rec. Vet Adm Hosp. Ft. Howard, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH ā BRAIN ABSCESS RIGHT CEREBRAL HEMISPHERE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 34 Lun X DUE TO requires that Š any Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, lEnter nature of injury in Port I ar Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Manth. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d, INJURY OCCURRED (County) (Slote) factory, street, office bldg., etc.) Hour o. m While Not while of work of work AND 2000 CONTROL OF THE CONTROL OF T DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE eckel MO WAH Fort Howard, Maryland PHYSICIAN'S LAWRENCE FLEISHER, M. D. NAME (Type) 220. BUR AL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (Stote) REMOVAL (Specify) Removal Chapel Grove Christian Windsor, Wirginia 23 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE F. North Hve

land St.. Baltimore. Md.

BUREAU V. S.

JCT 28 1957



MA	RYLAND ST	ATE DEPARTME	NT OF HEAL	TH-BAL	TIMORE,	18
. 10408	MEDICAL	EXAMINER'S	CERTIFICA	TE OF	DEATH	R
EATH			2. USUAL RESIDENCE	(Where decease	id lived If Institu	viioni

10403 200 Reg. Dist. No.

		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If Institution: Residence	ce before admission)						
	٩	Baltimore MARYLAND	o. STATE Maryland b. COUNTY Rall	timore						
	b	c CITY OR TOWN III outside corporate limits, write RURAL ond give neutreal form)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g							
		White Marsh 15 yrs.	& White Marsh							
	d	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?						
		Pulaski Highway	Red Lion Rd.	YES NO						
	3. [NAME OF First Middle	Lost 4. DATE Month	Day Year						
		Type or print)	JAYLER DEATH October 19	9. 1957						
	5. S	EX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 8.								
	_	Male White WIDOWED DIVORCED	Jan. 9, 1907 50 ym.	ays Hours Min.						
	10a.	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI Juring most of working life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZE	EN OF WHAT COUNTRY?						
1		Auto Mechanic Edgewood Arsenal		S.A.						
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
		Charles Sayler	Florence Fisher							
	15. JYes,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN no, or unknown) (19 yes, give wor or dotes of service)	IFORMANT Address							
		No	Ellen M. Sayler Red Lion Rd.	White Marsh						
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH						
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 1) Compound fracture of skull								
/		8/3/ DUE TO								
		Conditions, if any, which) (b) 2) Compound fracture rt.foreleg								
		gove rise to immediate couse (0), stating the underlying DUE TO 3) Separation Left	foreleg	111						
		couse lost. (c)								
ph.	CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OF KELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART T	PERFORMED?						
	Ž.	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. [Er	A CONTRACTOR OF THE CONTRACTOR	AES NO 💹						
	ERT.	PRIMARY B or CONTRIBUTING D deceased was struck	by oncoming vehicle while							
		crossing street.	CE OF INJURY (Home, form, 20f. (City or town) (Count	4.3						
	MEDICAL	- House a m TO Oct E'z While Not while focto	ry, street, office bldg., etc.)							
	Σ		aski Hgwy White Marsh, Balto							
		21. I certify that I taak charge of the remains described above		, and find that						
		death resulted fram: Natural causes . Accident . Suice	cide, Hamicide, Undetermined cause							
		ACTUAL (4 5009 111 01111	CIDET MEDICAL SYSTEM TO	DATE SIGNED						
		ACTUAL SIGNATURE SECULLARY		20 0.1 2000						
		EXAMINER'S	ASSISTANT MEDICAL EXAMINER	19 Oct-1957						
	220	NAME (Type) W.E. Baermann M.D. BURIAL CREMATION, 1226. DATE THEREOF 1226, NAME OF CEMETERY OR	DEPUTY MEDICAL EXAMINERS CREMATORY 22d. LOCATION (City, fown, or county)	(e(e)2)						
	420	REMOVAL (Specify)		(Stole)						
	23.	Burial Oct. 23,1957 Parkwood Cémèt	tery Baltimore, Md							
	- 4	anoly France I was The Role	I RALLET DOWN XX MIN	1 2 11						
1	λC	CHARLES AND COLOR OF THOMAS TO THE SECOND	VI VILLE SAIS LIVE STORE	White more Et						

VS. A15ME(5) 5M 9/55

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Bureau V. S.

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0407	CERTIFICATE	OF	DEATI
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<u> </u>		. 10.	TV 1						Keg. Dis	it. No.	
1.	PLACE OF DEATH o. COUNTY	Baltimore	3	MARYL	- 11	o. STATE Mary		lived, If institut b COUNT		ce before od:	
	b. CITY OR TOWN	If outside corporate limi	Is, write	c. LENGTH OF STAY IN	11Ь	c. CITY OR TOWN (If ou	Iside corpo	rate limits, write	RURAL and g	give nearest t	awn)
	Catonsvil			6mths10dys		Towson, Ma	arylan	nd			
Г	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)		d STREET ADDRESS					RESIDENCE
5	Garage Comment	OVE STATE	HOS	PITAL		504 Baltimo	re Av	e.			N A FARM?
3.	NAME OF DECEASED	Fir	r)	Middle		Lost	4. DATE OF	Mo	nth	Day	Year
L	(Type or print)	Ed	ith	Allie		Saylor	DEATH	Oct	cober	2	19 57
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years last birthday)		1 YEAR IF UP	
	female	white	WIDOW	ED DIVORCED		May 22, 1880		77 77		Doys Hou	ers Min
10	duting most of wo	ON (Give kind of work in king life, even if retired	ione 10b	KIND OF BUSINESS OR	INDUSTR	Y 11 BIRTHPLACE (State o	r fareign co	ountry)	12. CIT	ZEN OF WH	AT COUNTRY
	housewif	e				Maryland			1	U. S.	A.
13.	FATHER'S NAME					14 MOTHER'S MAIDEN NA	ME				
	Henr	y Robertson				Charlo	tte W	hite			
15	WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17. INF	ORMANT		Add	dress		
	no	(IT PMS, MINM WOT ST GOOMS OF S	1	unknewn	Rec	ords: SPRIN	G GR	OVE STA	राष्ट्र भर	OSPTTA	τ.
		ATH [Enter only one co			1_1111	ELICIA DIALE	- 41.	<u> </u>	110		BETWEEN
		ATH WAS CAUSED BY:		Coronary thr	יחשמי	sic				ONSET A	ND DEATH
	400.1	IMMEDIATE CAUSE (o		our onary on	OHIDE	DIG				1	
	,			Antonionalar	+4.	cardiovascu	S as E	1			
	Conditions, if a	immediate (WI OCITORCTOI	0010	Cardiovascu	uai u	186836			
	couse (o), stating lying cause last.										
z		, J (c		CONTRIBUTION TO DEAT	A DILIT AN	OT BELLTED TO THE TERMIN	AL DISTACE	COMPINAL	MEN I IN A DAME	14.110.14	LC ALIZORCY
음	FAXI II. QI	HER SIGNALLICATAL COLA	ווטווטווט	LONING TO DEAT	n ou ive	OT RELATED TO THE TERMIN	(VE DIREASI	E CONDINON GI	YEN IN PAKI	PER	RFORMED?
5	20- ACCIDENT IN	AS IOUNEDINO IS IT	20h DEC	CORE HOW IN HURY OF	- Inner	(Fig. 4 and at an table		H of the 193		YES	□ NO
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH (MEDICAL EXAMINER)	200. DES	CRIBE HOW INJURY OCC	USBNU.	(Enter nature of injury in Po	arı i qir rori	ii or iiem is j			
MEDICAL	20c. TIME OF INJU	RY Month, Day, Yes	or 20d I	NJURY OCCURRED 2		E OF INJURY (Home, form,		or tawn)	(C	ounty)	(Slate)
AEDI	Hour o.m.	19	While of wor	Nat while	roctor	ry, street, office bldg., etc.)					
~				ed from Oct	2	10.57 . 0	o+ 2	F	7		
						, 19.57_, 1a0	200 2	19_5	_f,that }	ast saw th	ne decease
	alive an	October 2	, 19_	$57_{-,-}$, and that d	eath o	ccurred at 3:00p				ie date st	
	ACTUAL	Stiller	i.	i cholis				reet, city or lown		· · · · · ·	DATE SIGNE
	SIGNATURE	our occo	10	C 0 - 1 - 1 - 1	M.I	SPRING	GROVE	STATE	HOSPI	TAL	10-2-57
	PHYSICIAN'S	C+-17 - Y	ا ما ما ا	7 N D		Catonsvi	1116	OS Manu	land		
L	NAME (Type)			ler, M. D.							
72	BURIAL CREMATIC	ON, 22b. DATE THEREO	アーフ	22c NAME OF CEMETI	ERY OR	REMATORY	22d. LOCAT	ION (City, town,	סר במערוץ)	(5	State)
1	ning	Wet Till	9/	mospeci	No	MEM.	1000	Don, 11	71.		
23:	FUNERAL DIRECTOR	S SIGNATURE	~~	ADDRESS.	. 1	240 REC'D		1 2 4 4	ISTRAR'S SIG		
ク	TUPPICE	W. INN JOS	my	101000	73/	DATE OD	T 7	57 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	- edu		

in by the funeral director, and 2 should be filed with ID HOSTIAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filly pog. hould be detached far use as the burial-transit permit. Then please remove carbon papers. Pagine extrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55

BUREAU V. S.

DECENTED

1040410409 **CERTIFICATE OF DEATH** Reg. Dist. No with director, Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) Filed a COUNTY PUMMEY MARYLAND death. Funerol b. CITY OF TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside, corporate limits, write RURAL and give nearest lown) **BURAL** and give negrest town) Planed within 24 hours after d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM YES NO NAME OF 4. Middle DATE Day Year DECEASED OF (Type or print) DEATH 0 19 5 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR lost birthdoy) Months Days WIDOWED [7] DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) T3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT HE was mine were our distinct of correctal CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 442% DUE TO permit. ony Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRISE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) 0. 11. While Not while D. m. of work of work 1922, that I last saw the deceased I certify that Lattended the deceased from alive on and that death occurred at section, from the causes and on the date stated above. ADDRESS (Street, city or fown, state) DATE SIGNED DIREC **ACTUAL** SIGNATURE P houl PHYSICIAN'S NAME (Type) 22a. BURIAL CREMATION. 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATUR ABORESS REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3 .Y UARADIR



10406 Reg. Dist. No. 36

	PLACE OF DEATH						NCE (Whe	re decease	d fived. If instituti		e befor	e admiss	ian)
<i>y</i> '		imore		MARYLA	ND	o. STATE			b. COUNTY	Rel	to.		
	b. CITY OR TOWN (IF RURAL and give ned	outside corporate limi	ts, write	e. LENGTH OF STAY IN	16	e. CITY OR TO	WN (If ou	tside corpo	rate limits, write R	URAL and g	ive nea	rest town)
	49. 4	aleigh				Sto	nele	igh					
_	d. NAME OF HOSPITA		ive street oc	idress)		d. STREET ADD	RESS					. IS RES	DENCE FARM?
		Stoneleigh	Rd.			711	Sto	nalei	gh Rd.				NO 📋
3.	NAME OF	Fir		Middle		Lost		4. DATE	Mor	ıth	Do	,	reor
	DECEASED (Type or print)	JOH	N	J.		EIDEL		OF DEATH	0c	+			9 57
5. 1	SEX			D NEVER MARRIED		DATE OF BIRTH			P. AGE (In years	IF UNDER		DC	
١.	male	white	WIDOWED	- I	_ ,	oct. 10.	1801		iost birthdoy)	Months	Days	Hours	Min.
	USUAL OCCUPATION	v (Give kind of work	done 10b. Ki	IND OF BUSINESS OR						12. CITI	IZEN O	F WHAT	COUNTRY?
1	during most of worki	ng life, even it retired)]			202							
13.	ASS! t.Supt	rebarrue	HELLING)	ucation		14 MOTHER'S M	AIDEN N	AME					
	Henry J. S	ri de l'				Barke	7	d sole					
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ĮΥe	ves	World No.	ervice)	one	Mare	. Johan	00 60	i del	771. 64	ama 7 ad	11-	13.4	
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	I PART I DEATH WAS CAUSED BY.								ONS	ET AND	DEATH		
П	IMMEDIATE CAUSE (6) COPONARY OCCIUSION, ACULO								10	udde	n		
	4.40.1 DUE TO												
	Conditions, if ony, which (b) Hypertensive cardio-vascular disease.							Years					
	coure (a), stoting the under.								JI.				
7	lying couse last			eralized ar									
힏	PART II. OTHE	K SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH	BULN	OI RELATED TO TI	HE TERMIN	AAL DISEAS	E CONDITION GIV	VEN IN PART	1(0)	PERFO	RMED?
2												YES [но 🗌
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	206. DESCI	RIBE HOW INJURY OCC	URRED.	(Enler nature of it	njury in Pi	ort I ar Por	tllofilem 18)				
3	20c. TIME OF INJURY	Month, Doy, Ye	or 20d INJ	URY OCCURRED 20	e PLAC	E OF INJURY (Ho	me, form,	20f. (City	or town)	(0	ounty)		(Stofe)
MEDICAL	Hour o.m.	19	White of work	Not white	focto	ry, street, office b	ldg, etc)						
1		t Lattended the		d fram 2/28/	1939	. 19	to 1	0/30/	57 , 19	that I I	ast so	w the	docoasad
	alive on 1	0/29/57/	19	and that d	eath c				n the causes				
	41110 01122222	7		50	مير	,			treet, city or town,		ic du		TE SIGNED
	ACTUAL SIGNATURE	Claw	ed !	10 Jane	2/	n 11 Ea	ist C	hase	St., City	y-2.			
			4							L		****	
L	PHYSICIAN'S Ed	rin B. Jar	rett,	м.б.									
220	BURIAL, CREMATION REMOVAL (Specify)	1, 226. DATE THEREC)F	22c. NAME OF CEMET	RY OR	CREMATORY		224 LOCA	TION (City, lown,	or county)		(Stote	+)
	Burial	11/1/57		Immaruel C	em.	A1	ALL		Relto	Md.			
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		204/11	RKC D	Y REGIS	U U U L	STRAR'S SIG			
1	MM. J. TICI	CNER & SON	S - Ba	ilto. 17. M	d. 6	MIN. I O	ATE	-	1 11/1	rbel	2 6	2 2	Tran-
								2					

TO FUNES VS A15 (4) 15M 9/55

BECENEE

BUREAU V. S.

14	Ki	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10407
1 8	VT		10273 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
hauld remati	7	7	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) 5. COUNTY 5. COUNTY 6. COUNTY 7. b. COUNTY 7. b. COUNTY 7. b. COUNTY
of the	-<	H	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Pog	1	1.	arouten 2 1/2. Arbutur
r is nector.	د د پښت	4	d. NAME OF HOSPITAD OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES \(\text{NOD} \) NO \(\text{D} \)
deloy rial di fill	•		NAME OF DECEASED TAKES M. Middle Lost 4. DATE Month Doy Year OF DEATH 10/2 10-7
fond or y		1	(Type or print) / A / E / SEX 6. COLOR OR RACE 7. MARRIED 7. NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year 15 UNDER 1YEAR IF UNDER 24 HRS.
fr. If o the ned for the the the			MIDOWED DIVORCED 1/20/08 Joys Hours Min.
ond 3 I	1	10	USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Wolfman 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
savrs off es 1, 2, 5 moy b get 1 or	I)	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
in 24 hay re Pages Page 5 File page	-	170	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address On or unknown) On the security of services of services of services.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		76	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
uted n 18.			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
execting the lith forms onsit			420.1 DUETO CONTRACTO THE
d be ncil in ng w iof-tr			Conditions, if ony, which gove rise to immediate course DUE TO
hould olar			[0), storing the underlying DUE TO (c)
ficate s Jing" in Office sed as a	,,	CATIBIN	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO THE PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO THE PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
d pen sminer; d be u		CERTIFIC	20a. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of Item 18.)
NER: This he word icol Exam 3 should		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a. m. 19 of work of wor
AM Med Med Page		`	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that
Chief Chief			death resulted from: Natural causes [4], Accident [7], Suicide [7], Hamicide [7], Undetermined cause [7].
EDICAL ficate, v	v		SIGNATURE SIGNED DATE SIGNED
UTY ME he certif ed fo (AL D			EXAMINER'S CEO.S. M. KIEFFER MEDICAL EXAMINER () CX, 357
O D D D D D D D D D D D D D D D D D D D		22	P. BLRIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (22d. LOCATION (City, town, or county) (51010) TEMOVAL (Specify) 10/4/57 LOUDEN PARK
VS. A15ME(S)	2.1	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9/55	0'	1	Machalle - Son to party Dr Seit M. duffer,
			70, 4 190/

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10408

CERTIFICATE OF DEATH 10419 Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY **b.** COUNTY MARYLAND Baltimore Maryland b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If putside corporate fimits, write RURAL and give negrest town) Fert Howard Baltimore days NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 30 S. Petemac Street YES NO F Veterans Administration Hespital NAME OF 4. DATE Middle Month Year DECEASED OF DEATH (Type or print) **EDWARD** J. SHANNON October 19 57 9. AGE (In years last birthday) 5 SEX 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months WIDOWED | DIVORCED | 60 Male White 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Plumbing sheps U.S.A. Plumber New York 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Elizabeth Pannell Thomas Shannon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address 218-01-4897 Clin. Recs. Vets. Admin. Hespital, Fort Howard, Md. Yes INTERVAL BETWEEN ONSET AND DEATH UNKNOWN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY (1) CIRRHOSIS OF LIVER WITH ASCITES PERINEPHRITIC ABSCESS RIGHT UNKNOWN Canditions, if any, which CHRONIC AND ACUTE PYELONEPHRITIS WITH gove rise to immediate UNKNOWN DUAR couse (a), stating the underlying cause last. IINKNOWN PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WAS AUTOPSY PERFORMED? YES DE NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, affice bldg, etc.) Hour a m. While Not while of wark at wark 21. I certify that Aattended the deceased from September 3., 19.57, to October 12., 19.57, the production of the deceased from September 3. MINESTRANCE CONTROL OF THE CONTROL O ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Veterans Administration Hospital PHYSICIAN'S CHIEN WEI LAN, M. D. Fort Howard Moryland

27c. NAME OF CEMETERY OR CREMATORY

957 Baltimore National

22d. LOCATION (City, tawn, or county)

24g REC'D BY REGISTRAR

DATE

Baltimore, Maryland

24b. REGISTRAR'S SIGNATURE

- ► VS A15 (4) 15M 9/55

John Meran Funeral Home, Baltimore & Petomac Sts. Baltel. Md.

220 BURIAL CREMATION, 22b. DATE THEREOF

FUNERAL DIRECTOR'S SIGNATURE

Oct

REMOVAL (Specify)

Burial

BUREAU V. S.

1501 6 1 100

BECEINED

10413 CERTIFICATE OF DEATH Rea. Dist. No. filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND erai b. CITY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) by the d. NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 4. DATE OF DEATH NAME OF First Middle Month Year DECEASED (Type or print) 19./ 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE B DATE OF BIRTH MARRIED NEVER MARRIED Months WIDOWED TY DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11) BIRTHPLACE ISlate or foreign country 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) corbon 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (OL **DUE TO** ģ Ė guy Conditions, if ony, which (6) gave rise to immediate DUE TO cause (a), stating the underpup lying cause lost. burial-transit (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES I NO IN 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month Doy, Year 20d. INJURY OCCURRED 20f (City or town) (County) factory, street, office bldg., etc.) for use Hour a.m While Not while of work of work D. m 21. I certify that I attended the deceased from WWG 24. 19 st 7that I last saw the deceased detached 1, and that death accurred at 10 4 ___M, from the causes and on the date stated above. DIRECTOR: ADDRESS (Street, city or fown, stofe) DATE SIGNED ACTUAL SIGNATURE - GROVE D PHYSICIAN'S Bruno Radauskas, M. D. Catensville 28, Md. NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote) REMOVAL (Specify) Baltimore. Maryland Burial Greenmount Cemetery 0 23 FUNERAL DIRECTOR'S SIGNATURE ADDRES 510 Liberty 240. REC'D BY REGISTRAR VS A15 (4) Heights Ave.

(Slote)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU C. R.

100

MECEDAE!

ACTUAL

PHYSICIAN'S

NAME [Type]

IAN. M.D.

22c. NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, Jown, or county)

VAH, FORT HOWARD, MARYLAND

(Stole)

220. BURIAL, CREMATION, 22b. DATE THERE REMOVAL (Specify)

CHIEN WEIL

Oak Lawn Cemetery

Baltimore, Maryland

Brooks-Bradley Toc 100 Willow Springs Road

Baltimore, Maryland

Farver

VS A15 (4) 15M 9/55



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

death: uneral c

plunds

2

physician

VEEL 91 TOO

BUREAU V. S.

c. LENGTH OF STAY IN 15

18vrl/mthldy

MARYLAND

10413 Reg. Dist. No.

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by the offending pl	nit. Then please r	r removal, and in any event within 72 hours after
the o	Then	vent
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rhficote	the b	0.
is certs	use as the burio	molion,
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executed within 24 hours after death;

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requires that the death

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1. PLACE OF DEATH

o. COUNTY

10416

d NAME OF HOSPITAL (If not in hospital, give street address)

Baltimore

b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Catcosville

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Maryland Balto.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town)

Maryland Rasneburg

d. STREET ADDRESS

e. IS RESIDENCE ON A FARM? YES NO TH

OR INSTITUTION 414 Babikow Rd. SPRING GROVE STATE HOSFITAL 4. DATE NAME OF First Middle Month Day Yeor DECEASED OF DEATH Smith (Type or print) Ella. October 20 19 Mav 9. AGE (In years lost birthday)
73.72 yrs. 5. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Dovs female white WIDOWED 3 DIVORCED | Sept. 16. 1884 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 17 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) housekeeper U. S. A. Pennsylvania 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Jacob Allison Anna Bohn

15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address

no unknown Records: SPRING 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

GROVE STATE HOSFITAL INTERVAL BETWEEN

ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) Generalized carcinomatosis DUE TO Carcihoma of left breast Conditions, if any, which ? gove rise to immediate DUE TO couse (a), stating the underlying couse lost.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🔼 NO 🗍

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18)

20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Doy, Year Hour o.m. While Not while of work . 20e PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)

20f. (City or town)

(Stote)

(County)

21. I certify that I attended the deceased from Feb. 25 19 57 to Oct. 20 19 57, that I last saw the deceased 57 , and that death occurred at 2:00p M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

Rurial

REMOYAL_(Specify)

CERTIFICATION

Stella Wachsler, M. D.

Catonsville 28. Maryland

SPRING CROVE STATE

22d. LOCATION (City, town, or county)		(Stote)
Freeland,	Md.	

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 22b. DATE THEREOF

Oct.

ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

Mt. Zion Methodist

240 REC'D BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE

EUREAU V. S.

To a manufacture of the state o

10414

e. IS RESIDENCE ON A FARM?

YES 🔲 NO 🖃

0 VS A15 (4)

Day Year 70 19 IF UNDER TYEAR IF UNDER 24 HRS Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 5-10 yrs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 🔀 (Stole) (County) _, and that death accurred at I O • XOTM, from the causes and an the date stated above. DATE SIGNED CATONSVILLE BAL-28 (Stote) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 245-REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR OCT 2 3

EURTAU V. L

C 7 27 100

Manager

VS A1S (4) 15M 9/SS

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ril line	1
Section 1	

12

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 118 CERTIFICATE OF DEATH 10418

10415

Reg. Dist. No.

	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	e before admission)				
	Baltimore	MARYLAND	o. STATE Maryland b. COUNTY					
	 City OR TOWN (If autside corporate limits, write RURAL and give nearest fown) 	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and g	ve nearest town)				
-	Catonsville	23yr9mth12 dy	Baltimore 3V / A					
	d NAME OF HOSPITAL (If not in hospitot, give stree OR INSTITUTION	t oddress)	, d. STREET ADDRESS	e, IS RESIDENCE ON A FARM?				
		SPITAL	2230 Wilkens Avenue	YES NO				
	3. NAME OF DECEASED (Type or print) HIGGS LEON Middle Sommers DEATH OCT.							
-1	5. SEX 6. COLOR OR RACE 7 MAI	RRIED NEVER MARRIED	B. Date of Fig. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
		VED DIVORCED	June 5, 1886 /1 - //5/15.	Days Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	A 9171 CYLTYK	Manufand II	S. A.				
	13. FATHER'S NAME	7	14. MOTHER'S MAIDEN NAME					
	Charles Sommers		Sarah MARY TANE					
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes no or unknown) [If yes, give wor or dates of vervice]		ecords: SPRING GROVE STATE HO	SPITAL				
1	18 CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6)	itastional C	betruition + Uremia	INTERVAL BETWEEN ONSET AND DEATH				
1	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause tast.	arlinma	Frankatz					
	PART SI. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING (If EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO				
- 1		SCRIBE HOW INJURY OCCURRED). (Enter nature of injury in Part I or Port II of item 18)					
	A Hour a m. While		CE OF INJURY (Home, farm, 20f. (City or town) (Colory, street, office bldg., etc.)	ounty) (Stale)				
	21. I certify that I attended the decea	sed from Oct. 18	1957, to Oct. 26, 1957, that I lo	ost sow the deceased				
	alive an OCT, 26 , 19.	$\frac{57}{7}$ and that death	accurred at A.M. from the causes and an th	e date stated above.				
,	ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE CATONSVILLE 28, Maryland PHYSICIAN'S NAME (Type) C. Fugene Watermann Catonsville 28, Maryland							
	220 BURIAL, CREMATION, 226 DATE THEREOF	22c NAME OF CEMETERY OF	CREMATORY 22d LOCATION (Citys town, or county)	(Stgle)				
	DURIAL 10-26-57	Louden	MARK BALTIMORE	190				
	23 FUKERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE				
	- Heorge & Kehwal-	2101 Prederic	DATE DATE					

BUREAU V. K

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VS A15 (4) 15M 9/5S

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	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE b. COUNTY								
1	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
dutherville 6 weeks.					Beltimore					
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR-INSTITUTION				d. STREET ADD	RESS			e. IS RESIDENCE ON A FARM?		
College Manor			1626 Bol	Lton St.			YES NO			
	NAME OF DECEASED	Fire	_	Middle	Last	4. DATE OF	Mor	ith	Day Year	
(Type or print)		Websler		G.	Tall	DEATH			- 23 1957	
S SEX			7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)		YEAR IF UNDER 21 HRS	
male			WIDOWED 🔲	DIVORCED [1892	65 yrs			
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY'S during most of working life, even if retired)										
lawyer (rtd.) Iaw Baltimore Md. U.S.										
13. FATHER'S MAIDEN NAME										
	Charl	es Avo	mI	lall:	1 Duli	a 10.	resa	131	ans.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes. no. or unknown) (If yes, give wor or dotes of service)										
_	no		no_		Mrs.Adele	D. Tall -	1626 Bo	lton S	t	
		TH (Enter anly and cou	ise per line for (o). (b). ond (c).]					INTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (0)	Vne	min					1 month	
		DUE TO		, .	/	11				
	Conditions, if any, which) (b) Dealetic neph voleathy								2 mos	
	gave rise to immediate DUE TO									
	lying couse last. (c) Deabelles mellelus									
ō	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?									
CAT	as	lini scl	enotic	hunt a	island				YES NO Z	
CERTIFICATION	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I at Port II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)									
	20c. TIME OF INJURY	Month, Day, Yea	r 20d, INJURY	OCCURRED 20e	PLACE OF INJURY (Hor	me, form, 20f. (City	or tawn)	(Cor	unity) (Stote)	
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	SIGNATURE	Compl L.	Ispace	74	_M.D	VI. CACC	ven or		12/12/7/	
	PHYSICIAN'S NAME (Type)									
220	BURIAL, CREMATION	, 22b. DATE THEREO	22c.	NAME OF CEMETERY	OR CREMATORY	22d. LOCAT	ION (City, town,	or county)	(Stote)	
	BUTIAL	10/25/57		Mt. Olivet			Balto.	Md.		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE										
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10418 **CERTIFICATE OF DEATH** Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) COUNTY o. STATE Maryland b. COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Texas Toxas d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Church Lane Church Lane YES NO TE NAME OF First Middle Lost October 1, 1957 DECEASED EGAN THOMPSON THOMAS (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years loss by thiday) B DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. Months February 14, 1874 Male White WIDOWED TH DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Stone Quarry Pennsylvania Quarryman- retired 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ğ Themas Thompson Mary Ann Knopp 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Family Records None No None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] mach PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, | 20f (City or town) 20d, INJURY OCCURRED (County) (Stote) loctory, street, office bldg., etc.) Hour While Not while of work of work 21. I certify that I gittended the deceased from ta_ Lithat I last saw the deceased and that death accurred at 1240 alive on M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE Bennett A. Stoen Lutherville, Maryland PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (Stole) Burial (Specily) Cockeysville, Maryland Poplar Grove Cemetery Oct 4. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Towson. Maryland DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	PLACE OF DEATH D. COUNTY	Baltimore	***	MARYLAND	2 USUAL RESIDENCE (When		ved. If institution b. COUNTY	on: Resider	nce before	admission)
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				llmth27dvs	Baltimore		v.*	8 1	ogin .	
6	OR INSTITUTION	TAL (If not in hospital, g	ve street	address)	d STREET ADDRESS				e.	IS RESIDENCE
-	SPRING GE			SPITAL	10 West Pre	ston S	st.			YES NO
E	NAME OF DECEASED (Type or print)	Johr		Ellwood	Thomson	4. DATE OF DEATH	Man Oct	m tober	Day 7	Yeor 19
. S	EX	6 COLOR OR RACE	7. MARR	TIED 🗷 NEVER MARRIED 🗌	B DATE OF BIRTH		AGE (In years	IF UNDER	TYEAR IF	F UNDER 24 H
	male	white	WIDOWI	DIVORCED	Oct. 10, 188	38	last birthday) 68 yrs	Months	Doys	Haurs Min
0	USUAL OCCUPATION	ON (Give kind of work d	one 10b.	KIND OF BUSINESS OR INDE	STRY 11. BIRTHPLACE (State of	The second second	Iry)	12. CI	TIZEN OF	WHAT COUN
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3. 1	FATHER'S NAME	20172 2017			14 MOTHER'S MAIDEN NA	ME				
	John J.	Thomson			Mary J.	Ohler	•			
5 '	WAS DECEASED EVE	R IN U S. ARMED FOR	ES7 16	SOCIAL SECURITY NO. 17.	NFORMANT	OHLUI	Addi	ress		
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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10423 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Baltimore b. COUNTY MARYLAND 110 Balto. CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town] Lochearn Lochearn d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS . IS RESIDENCE ON A FARAL 3804 Arbutus Ave 3804 Arbutus YES NO NAME OF 4. DATE Middle Lost Month Day Year OF DEATH Oct. 20/57 (Type or print) Tiedemann Honry 4 19 5. SEX 6. COLOR OR RACE 7 MARRIED TANIEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost hirthday) ale Hours June 10. WIDOWED [7] DIVORCED F 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Attorney Md. ridelity & U.S.A. Den-OSIL CO. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Louis Tiedemann Armsworthy Quen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Mrs. Dorothy Tiedemann. 3804 Arbutus Ave. 18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c) INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which (b) gave rise to immediate **DUE TO** couse (a), stating the underlying couse last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 🗌 NO N 200 ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (Cily or lown) (County) (State) factory, street, office bldg , etc.) Hour o. m. While Not while at wark at work 21. I certify, that attended the deceased fram that I last saw the deceased olive on and that death occurred M, from the causes and an the date stated above. ACTUAL PHYSICIAN'S NAME (Type) 22d. LOCATION (City, tawn, or county) 220. BUR AL, CREMATION, 22c NAME OF CEMETERY OR CREMATORY (Slate) leadowridge Nom. Pk CONTRACTOR SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR Juneral Director, 4101 Edmondson AWAE

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10264 **CERTIFICATE OF DEATH** Rea. Dist. No director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) filed v D. COUNTY o. STATE b. COUNTY Baltimore Baltimore Md. MARYLAND within 24 haurs after death. funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest tawn) မှ RURAL and give nearest town) should 53Dundalk Dundalk d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Apts. Dunleer YES TO NO! NAME OF First Middle Lost 4. DATE Month DECEASED OF DEATH Oct. TYREE MAIDE MEADOW (Type or print) 9. AGE (In years last birthday)
80 yrs 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS S. SEX DATE OF BIRTH Months Days Min. Oct.16.1877 white femal e WIDOWED IT DIVORCED IN papers. executed 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Virginia U.S. Rose Hackett Baby Sitter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown physician unknown remove 72 hours IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address (1) yes, give wor or dates of service) 2538 Ashland Ave. Archie Tyree son. aftending 18. CAUSE OF DEATH [Enter only one cause per-tipe for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ᇻ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** þ permit. Conditions, if any, which been signed gave rise to immediate **DUE TO** casse (a), stating the underpuo lying couse lost. **buriof-transit** PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BULLION, RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY remayal, PERFORMED? YES NO 7 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, office bldg., etc.) g, m Not while at work at work p. m. 1957, that I last saw the deceased 21. I certify that I attended the deceased from detached alive an and that death accurred M, from the causes and on the date(stated above. DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE D 3 PHYSICIAN'S HOSPITAL NAME (Type) 22a. BURIAL CREMATION. 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 6 REMOVAL (Specify) Hak Lawn Cem Baltimore 0 23 FUNERAL DIRECTOR'S SIGNATURE SCHIMUNEK FUNEral 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Home, Inc. VS A15 (4) Madison St DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. R.

DECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10422 **CERTIFICATE OF DEATH** 10424 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND Baltimore Maryland death: funeral b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) should Fort Howard The days Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 🔣 303 Candry Terrace Veterans Administration Hospital NAME OF 4. DATE Middle Day Yeor DECEASED OE DEATH within 24 (Type or print) GUY UPPERCO. SR 19 October 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S SEX B DATE OF BIRTH 9. AGE (In years HE UNDER LYEAR IF UNDER 24 HRS lost birthday) Months Davi DIVORCED [WIDOWED I Male YFE White 100. USUAL OCCUPATION (Give kind of work done 10b KIND OE BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) Penitentiary ond Marvland II-S-A carbon 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Dickson Upperco Anna Mitten remove 15. WAS DECEASED EVER IN U. S. ARMED EORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Clin. Rec. Vets. Admin. Hospital. Ft. Howard. Md. Yes SAW None CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o). HEMORRHAGE FROM ESOPHAGEAL VARICES lh DAYS 5810 DUE TO CTRRHOSTS OF LIVER UNKNOWN permit. Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. burial-transit CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🔼 NO 🗌 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIEY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that Wattended the deceased from September 22 1957, to October 6..., 19.57 that blocks and the certify obacino possession and that death occurred at 11: 30 MM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) SIGNATUR MD. .. Veterans - Administration Hospital P Fort Howard, Maryland NAME (Type) CHIEN WET 270. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) REMOVAL (Specify) Baltimore National altimore. Maryland 2 23. FUNERAL D RESTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 1SM 9/SS Wippert Funeral Home, Monroe & Baltimore Sts, Balte.,

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10423CERTIFICATE OF DEATH 10426 Rea. Dist. No. eral directo be filed wi PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) . COUNTY b. COUNTY Frederick MARYLAND Baltimore Virginia CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn) RURAL and give negrest lawn) place Fort Howard days Winchester d NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 807 S. Bradock Street Veterans Administration Hospital YES NO TH NAME OF 4. DATE Middle Month DECEASED OF DEATH (Type or print) LOUIS VAUGHT October 21 19 5 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH lost birthdoy) Doys DIVORCED [WIDOWED | Male 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Army Air Force Soldier Virginia U.S.A. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Edward Jackson Vaught Vernie E. Hardv 15 WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address PL-28 Korean229-34-7528 Yes Clin. Rec. Vets. Admin. Hospital. Ft. Howard. Md. CAUSE OF DEATH [Enter only one couse per ine for (a) (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: SEPTICENTA. ORGANISM UNKNOWN IMMEDIATE CAUSE (a) DUE TO MULTIPLE SCLEROSTS Canditions, if any, which YEARS gave rise to immediate **DUE TO** cause (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED? YES NO A 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port It of Item 18) 20c. TIME OF INJURY 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or lawn) Day, Year (State) Not while (County) factory, street, affice bldg , etc.) Hour a. m. at work ot work 21.1 certify that Wattended the deceased from January 2 , 1953, to October 21, 19 57 MINORIAN MARKET AND AND ADDRESS OF THE PROPERTY OF THE PR attraction was a second of the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE MD. Vaterans Administration Hospital PHYSICIAN'S IRVING FREEMAN.M.D. Chief Medical Service VAH Fort Howard, Maryland 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county). REMOVAL (Specify) Mt. Hebron Cemetery Winchester, Virginia 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE JONES FUNERAL HOME, SOUTH LAUDAUM ST., WINCHESTER, VA.

BUREAU V

OCT 30 1957

DECENTE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. &

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BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 10427 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY **b** COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D Catonsville 4 months Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? SPRING GROVE 3700 Tudor/ Avenue YES NO STATE HOSPITAL NAME OF DECEASED First Middle 4. DATE Lost Viola (Type or print) Alice DEATH October Ward 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) femala white WIDOWED T DIVORCED | Oct. 15. 88 1869 yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) housewife Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Wesley Eileen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address unknown Recordss SPRING GROVE STATE HOSPITAL no 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH ā PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Cardiac failure bon all DUE TO Arteriosclerotic cardiovascular disease permit Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the under-Generalized arteriosclerosis lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO IN 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o.m. Not while at work at work 21. I certify that I attended the deceased from Oct. 15 Oct. 17, 19 57, that I last saw the deceased ... 19**57** . to 19.57, and that death accurred at 7:558 M, from the causes and an the date stated above. alive on Oct. 17 ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE SPRING GROVE STATE HOSPITAL PHYSICIAN'S Stella Wachsler. M. D. Catonsville 28. Maryland NAME (Type) 22b DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) REMOVAL (Specify) Murri a I Weslev Grove Montgomery Co. Maryland FUNERAL DIRECTOR'S & GNATURE ADDRESS 24a, REC'D BY REGISTRAR

death.

within 24

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 10428 Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) M a. COUNTY Filed a. STATE 4 b. COUNTY MARYLAND death. nerol b. CITY OR TOWN (If outside comporate limits, write of c. LENGTH OF STAY IN 16 RURAL and over nearest tamp) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) טי d. NAME OF HOSPITAL (If not in hospi OR INSTITUTION IS PESIDENCE d. STREET ADDRESS YÉS 🔲 NO 🔼 NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH AGE (In years last birthday) FUNDER TYEAR IF UNDER 24 MRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH Manths Min. DIVORCED T WIDOWED [No. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 1.1), BIRTHPLACE (State or foreign cour 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which] gave rise to immediate DUE TO ₹.5 catise (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, fenter nature of injury in Part 1 ar Part II of item 18.) 20c. TIME OF INJURY Month. Day. Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour o.m. While Not while at wark at wark p. m. 12-14-55 10-11-57 21. I certify that I attended the deceased from, ., 19____that I last saw the deceased and that death occurred at 11306 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL CREMATION 226, DATE THEREOT 22c. NAME OF CEMETERY OR CREMAN 22d. LOCATION (Cop. town, or county (Stote) FUL BEMOVAL (Specify) O 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24s. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

BUREAU K. E.

OCT 17 1957

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ARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE, 18	1042

CERTIFICATE OF DEATH 10429 Reg. Dist. No. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY b. COUNTY Ral to. Bal to. MARYLAND Md. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). CITY OR TOWN Ilf outside corporate limits, write C LENGTH OF STAY IN 16 RURAL and give nearest town Catonsville Catonsville d. NAME OF HOSPITAL (If not in hospital, give street address) & STREET ADDRESS . IS RESIDENCE OR INSTITUTION 10 N. Rolling Rd. 10 N. Rolling Rd. YES NO NAME OF 4. DATE First Middle Month Year DECEASED OF DEATH 1057 WARFTELD Oct. BERTHA (Type or print) 9. AGE (In years lost birthday) 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX Months Doys white female WIDOWED [7] DIVORCED [7] 86 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? School Teacher (rtd) Education Md. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Henry W. Warfield Sarah Ellen Whalen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Miss Nary E. Cromwell - 10 N. Rolling Rd. no no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o). MYOCARDITIS SUBACUTE. SENILITY GENERAL DETERIORATION **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED2 YES 🗀 NO. 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, lEnter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f (City or fown) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, Year (County) (Stote) factory, street, office blda, etc.) Hour a.m. While Not while. at work at work 1954 ____, 19____, to OCT_14_____, 19.57, that I lost saw the deceased 21. I certify that I attended the deceased from_ alive an OCT and that death accurred at 7: A.M. from the causes and on the date stated obove. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 6348. FREDERICK ROAD, CATONSVILLE MARYLAND. PHYSICIAN'S NAME (Type) .LLOYD JOHNSON M. D 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Burial Loudon Park 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

DATE

WM. J. TICKNER & SONS, Balto. 17, Md.

VS A15 [4] ISM 9/55

o E o



BUREAU V. S

OC1 17 1957

VS A15 (4) 15M 9/55 10430 CE

CERTIFICATE OF DEATH

10428 Reg. Dist. No.

44

	PLACE OF DEATH					2 USUAL RES	IDENCE (Wh	ere decease	lived. If institut		before ad	mission)
		imore		M.	ARYLAND	o STATE	Maryla	and	b. COUNTY			
Г	b. CITY OR TOWN (I	outside carporate limi	ts, write	c LENGTH OF \$1	AY IN 16	c. CITY OR	TOWN (If o	ulside corpo	rate limits, write f	RURAL and gi	ve negresi	town)
1		ard. Md.		37 day	8	Ва	ltimor	re	1			
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street (d. STREET	ADDRESS			· · · · · · · · · · · · · · · · · · ·	e. 15	RESIDENCE
1	Veterans	Administra	tion	Hospital		1602	W. La	nvale	Street			N A FARM?
3.	NAME OF	Fir			ldle		st	4. DATE	Mor	1th	Dov	Year
	DECEASED (Type or print)	JOHN		T		WATE	RS	OF DEATH	Octobe		12	1957
5.	SEX	6. COLOR OR RACE	7 MARR	IED TANEVER MA		B DATE OF BIR			9. AGE (In years last birthday)	_		NDER 24 HRS.
	Male	Negro	WIDOWE	DIVO	RCED 🗍	Jan.	13, 1	1892	lasi birihday) 65/32.	Months D	Pays Ho	urs Min
100	. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINES	S OR INDU		T #	or fareign c		12. CITIZ	EN OF W	HAT COUNTRY?
	Laborer	ing life, even if retired)				Elkrid				U.S	. Δ .
13.	FATHER'S NAME			<u>.</u>		14 MOTHER			u.		0 4 1	****
	William	Motore				Tev	ina Ba	27770-5				
15	WAS DECEASED EVE	RINL S ARMED FOR	CES? 16.	SOCIAL SECURITY	NO 17. I	NFORMANT	1.11et 10e	it iiea	Add	ress		
(Ye	Yes	If yes, give wor or detect of s	ervice}	20-09-65	1.8 CL:	in Rec.	Vet.	Adm. H	ospital.	Ft. H	oward	. Md.
-		TH (Enter anly one co			,							L BETWEEN
	l .	TH WAS CAUSED BY:	CC	NGESTIVE		T FAILUH	E				ONSET A	IOWN.
	1120.0	DUE TO										
	Canditions, if o		, Al	RTERIOSCL	EROTI	CHEART	DISEAS	SE			10 Y	EARS
	gave rise to it cause (a), stating											_
	lying couse last.) (c	1									
ŏ	PART FL. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 19 W	AS ALTOPSY REORMED?
3	ARTERL	L FIBRILLA						A UNITED TO	106/31 006	STS		□ NO 🛣
CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206 DESC	RIBE HOW INJUR	Y OCCURRE	D (Enter nature	af injury in P	ort or Por	Ti of Hem 18.	DIO		
	20c. TIME OF INJUR		or 20d. In	UURY OCCURRED	20e. PL	ACE OF INJURY	(Home, form	20f (City	Or town)	(Co	iunty)	(State)
MEDICAL	Haur o.m. p.m.	19	While	Nat while at wark	for	ctary, street, affi	e bldg., etc.	}		(20	,,	(3,0,0)
	21. I certify th	at VA ttended the	decease	d from Sex	tembe	r 5, 19.57	, to Oct	tober	12 1957	JEKFOU	20220	EP999000
		00000000000										
	/	////	6.0	,					reel, city or town,			DATE SIGNED
	ACTUAL SIGNATURE	LILLI	elle	7		M.D						
	PHYSICIAN'S W.	INSTON DU	DLEY	, M.D.		7	AH, F	ort Ho	ward, Md	l .]	0/13/57
220	BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREC	5-7	22c. NAME OF C			0		TION (City, fown,	,,,	(State)
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	iore_N	15 10 12 1		BY REGIST	Itimore,	STRAR'S SIGN	NATURE	0 .
							DATE	01N7	17 1		A	H
Az	lington S.	Phillips.	Fun	ral Home			DAIS	11/	/ KX/%	wand	KX Y	ander



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BUREAU V. S.

VS A15 (4) 1SM 9/SS 00

MARYLAND	STATE	DEPARTA	AENT	OF	HEALTH-	BALTIMO	RE, 18

10274 CERTIFICATE OF DEATH

Reg. Dist. No. 10429

	1, PLACE OF DEATH 6. COUNTY	Baltimore		MARY	LAND	2 USUAL RESII SJATE Maryl	pence (Where o		If institution	Residence	e before oc	lmission)
	b. CITY OR TOWN (II RURAL and give ne	f outside corporate limi orest town) Arbutus	ls, write c	LENGTH OF STAY	IN 1b		IOWN (If outsid	e corporote limi	ts, write RUR	AL ond g	ve nearest	lown)
3	OR INSTITUTION	AL (If not in hospital, g 1328 Popla		•		d STREET A 1328	Poplar	Avenue			1 0	RESIDENCE IN A FARM? S NO
	3 NAME OF DECEASED (Type or print)	Fii Le	ster	Middle E.		Whee	ley,Sr	DATE OF DEATH	Month Octo	ber	Doy 19	Yeor 19 57
	s. sex Male	6. COLOR OR RACE White	WIDOWED [DIVORCE		B. DATE OF BIRTH	1903				YEAR IF U	NDER 24 HR5
/	100 USUAL OCCUPATION during most of work COMPETOLL	ON (Give kind of work ing life, even if retired OT	But	id of Business o tler Bros			ACE (Stole or fo			12. CITIZ	U.S.	HAT COUNTRY?
	13. FATHER'S NAME					14. MOTHER'S	MAIDEN NAME					
	Wil	liam P. Wh	ecley			Am	elia Ma	nke				
	15. WAS DECEASED EVER			CIAL SECURITY NO	17, 1	NFORMANT			Address)		
ı	ne	If yes, give wor or doles of s		-09-6613	Mr	s. Charl	otte E.	Wheele	y,1328	Pop.	lar A	ve
	PART I. DEA' Language Conditions, if or gover rise to in course (a), storing I lying course lost.	nmediate (a	or (a), (b), and (c))	icle	ttrom	bosia,	aar D			INTERVA ONSET	L BETWEEN
	5	IER SIGNIFICANT CON								IN PART	PE	AS AUTOPSY ERFORMED?
		S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	BE HOW INJURY OF	CCURRE	D. (Enler nature of	f injury in Port I	or Port II of ite	em 18)			
	20c. TIME OF INJURY Hour o. m p. m.	Y Month, Doy, Yes	While	RY OCCURRED Not white of wark	20e. PU for	ACE OF INJURY (I ctory, street, office	Home, form, 20 bldg., etc.)	If (City or town)	(Co	ounly)	(State)
	21. I certify the alive on	at lattended the OS. 18 Tuly T Herbery	deceased 19_5	Careto	death death	18, 195 accurred at MD 53	TAM	ot 19, from the comess (Street, circ	causes and	d an the	est saw I	the deceased tated above. DATE SIGNED
	220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	N, 226. DATE THEREO		Loudon P				location (Caltimor			,	(Stole)
	23. FUNERAL DIRECTOR'S	S SIGNATURE		ADDRESS			240 REC'D BY		24b. REGASTR			1
	William Coo	k. Inc. 1	217 St.	Paul St	reet		DATE	9910	5-179	Ger	1/1	Aull.

BUREAU V.

OCL 88 1625

BECEINE

VS A15 (4) 15M 9/5S

MARYLAND	STATE DEPARTMENT	OF	HEALTH-	BALTIMORE,	18
10431	CERTIFICATE	OF	DEATH		

CERTIFICATE OF DEATH

10430 44

_								Keg. Dist.	No.	/ /
1.	PLACE OF DEATH		MARYLA	2.	usual residence (who	ere decease	d lived If institution b. COUNTY	Residence	before admi	nion)
\vdash	Baltimore									
	 CITY OR TOWN (If outside corporate limit RURAL and give nearest lown) 	s, write	ELENGTH OF STAY IN	16	c CITY OR TOWN (IF 64			RAL and giv	re neorest to	wo] a
L	Fort Howard		7 Days		Stevens	ville	,			
ı	d. NAME OF HOSPITAL (If not in hospital, gi or Institution Veterans Adminis			, I	d. STREET ADDRESS				ON	A FARM?
=				<u> </u>		T			163	
3	NAME OF First DECEASED (Type or print) JAMES	1	Middle A_{ullet}	WH	ITTE	4. DATE OF DEATH	October		11.	1957
S.	SEX 6 COLOR OR RACE	7 MARR	HED NEVER MARRIED	8 D	ATE OF BIRTH				YEAR IF UN	
	ale Colored	WIDOWI		- 1101	ember 5,192		34 yrs.	Months D	Hour Hour	s Min.
104	 USUAL OCCUPATION (Give kind of work during most of working life, even if retired) 	one 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote of	or foreign c	ountry)			AT COUNTRY
	Waterman		Dystering		Stevensvil	∐e,Ma	ryland	U.	S. A.	
13.	FATHER'S NAME			14	MOTHER'S MAIDEN N	IAME				
	Henry White				Dorothy R.	Dors	ey			
	WAS DECEASED EVER IN U. S ARMED FORCE		SOCIAL SECURITY NO	17. INFOI	MANT		Addre	99		
	Yes WW II		16-18-2949	Clin.	Rec. , Vet. Ad	im. Hos	pital,Ft.	Howar	d, Mary	land
	18. CAUSE OF DEATH [Enter only one cou	se per li	ne for (a), (b), and (c).]						INTERVAL	
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ART	ERIOLAR NEPH	ROSCI	LEBOSTS				UNKN	
	446× 1950		<u> </u>	MANAGE A					Chinas	\$3.8.4.5
	Conditions, if ony, which) (b)	LITTON	ORRHAGIC PAN	JCREA'	TTTTS				3 DAY	rs
	gave rise to immediate This Texas	- Ampire a		1016242	1110				שנו ל	.0
	lying cause lost (c)	MUL	TIPLE ABSCES	SSES,	KIDNEYS				7 DAY	rs
Z	PART II. OTHER SIGNIFICANT CONE	ONS C	CONTRIBUTING TO DEATH	H BUT NOT	RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIVE	N IN PART I	(a) 19. WA	SAUTOPSY
CERTIFICATION										ORMED?
IĔ	20a. ACCIDENT WAS UNDERLYING	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter noture of injury in P	orl Lor Por	t II of ilem 18)			<u> </u>
E	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
13	20c. TIME OF INJURY Month, Doy, Yea	r 20d II	NJURY OCCURRED 20	e FLACE	OF INJURY (Home, form,	20f. [City	or town)	(Co	unty)	(Stote)
MEDICAL	Heur e.m.	While	Not while	loctory,	street, office bldg., etc.)		,	,,	, , , ,
~	p. m. V.A.		<u> </u>	· .	10 E7 + Ond	t a b a sa	77 10 77	WVVVV	TTTTTTT	//////////////////////////////////////
	21. I certify that battended the									
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ممامص	A and that d	eath ac			n the causes ar Ireel, city or town, st			
	ACTUAL C	-	101.1			,	, , , , , , , , , , , , , , , , , , , ,		/-	DATE SIGNE
	SIGNATURE		74W	M.D.	VAH, FORT	HOWAL	D, MARYLA	IND	10/1	11/57
	PHYSICIAN'S NAME (Type) CHITEN MEET T.A	N_M	n		*****	h 144	~~~~			
220	BURIAL, CREMATION, 276. DATE THEREO	F	22c NAME OF CEMETE	RY OR CR	EMATORY	22d LOCA	TION (City, fown, or	county)	(Ste	ole)
Bi	REMOVAL (Specify)	7	Stevensvill	e Cer	neterv	Steve	nsville.	Marvl	and	
_	PUNERAL DIRECTOR'S SIGNATURE	000	ADDRESS			BY REGIST				41 1
1	winesistasia	الم	-		L.T	76	1002/	/	4	# /

DECENTED.

EUREAU V. S.

BUREAU V. ?

17 A 17 A 100

Reg. Dia 043233 em 2 ByPhoneED10-25-57 ams **CERTIFICATE OF DEATH** director, filed with Rosewood State Training School USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) I. PLACE OF DEATH o. COUNTY Filed b. COUNTY Baltimore MARYLAND Maryland Baltimore City funeral b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ RURAL and give nearest town) 2823 Miles Ave. ploods Baltimore Owings Mills Maryland | 8 m 8 mo. . d STREET ADDRESS IS RESIDENCE ON A FARM? NAS/ NR-1/0ffice./ Patoxent/ River YES NO 😿 Rosewood State Training School NAME OF DECEASED Md Doy 4. DATE Middle DEATH (Type or print) Williams Barbara Ann 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days House 14 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B DATE OF BIRTH Doys DIVORCED | WIDOWED | Fema Id White 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? eath during most of working life, even if retired) U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ellen May Lutwyche Donald Franklin Williams 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Rosewood records 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Ispiration Pneumonitis davs IMMEDIATE CAUSE (a) DUE TO Convulsive state - myoclonic type Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Congenital cerebral defect of undetermined type with severe mental YES NO 1 defect 20a ACCIDENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item IB) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year (County) (State) foctory, street, office bldg , etc.) Hour o.m. Not while at work of work 21. I certify that I attended the deceased from 2/13/_ ., and that death occurred at 8:00 AM, from the causes and an the date stated above. alive an 10/18 ADDRESS (Street, city or Affen, State) DATE SIGNED ACTUAL SIGNATURE 70 PHYSICIAN'S Rosewood State Training School NAME (Type) Harry 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town or county) (State) REMOVAL (Specify) 5 246- REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g REC'D BY REGISTRAR VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Usual residence on birth certificate:

900 Homestead Ct.
Balto. 18
By phone to City Health
10-25-57 ams

BUREAU V. E.

OCL 88 1957



ADDRESS

24g, REC'D BY REGISTRAR

PATECT 2 1

24b. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

F.C. Higinbothom, Ellicott City, Md

within

BUREAU V. &

700 E1 1957

TO AUTOFO

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 10434 ERTIFICATE OF DEATH Reg. Dist. No. 1. NAME OF DECEASE 2. DATE OF (Type or Print) DEATH and 4. USUAL RESIDENCE (Where deceased lived 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY A. STATE before admission) clearly a (If not in hospital or institution, give street address or 8. FULL NAME OF location) POINT HOSPITAL OR C. CITY (If outside corporate limits, write RURAL and give INSTITUTION 8125 Ridgely Oak Ave. 3) (8 death EE (3 (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days of HRJ last birthday) Months Days Hours Min. 5 SEX 7. SINGLE MARRIED 6 COLOR OR RACE causes HIN TI WIDOWED, DIVURCED (Specify) March 3 0.81 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY LON WIT State Roads Comm. the Engineer 14. MOTHER'S MAIDEN NAME 13, FATHER'S NAME THIS IS A PERMANENT RECORD.

PERMANENT BLACK OR BLUE-BLACK INK-DO carefully supplied. Physicians: please write ITH THE BUREAU OF VITAL RECORDS ELLA DEGNAN 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL ADDRESS 17. INFORMANT (Yes, no or naknown) Mrs. Florence K. Winans 8125 Ridgely Oak Av No INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH Led USI DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE WITH DISEASE OR CONDITION CAUSING IT. 198 CONDITION FOR WHICH OPERATION 20. AUTOPSY U IF OPERATION WAS RELATED TO 19A. DATE OF OPERATION MTH WAS PERFORMED CAUSE OF DEATH, ENTER IN 96 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 国 21F. HOW DID INJURY OCCUR? information OF INJURY M WHILE AT NOT WHILE! S TYPE. (this hospital) attended the deceased from ... MU , that (I) (we) last saw the deceased alive on 0// PLEASE ATE m., from the causes and on the date stated above. and that death occurred at ΟĘ 234 SIGNATURE 23a. ADDRESS 23c. DATE SIGNED Every item TTENDING PHYS. MED. DIRECTOR | STAFF PHYS. | 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) TION, REMOVAL (Specify Oct. 9.1957 Burial Moreland Memorial Baltimore Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS Ø LOCAL BEGISTRAR

BUREAU W. E.

VS A15 (4) 15M 9/55

M

Á

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10435

CERTIFICATE OF DEATH

10435

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY MARYLAND	a. STATE	b. COUNTY	on: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	Mary	Tand outside corporate limits, wrate R	URAL and give nearest town]
RURAL and give nearest town)	70 - 14 1		
Catonsville d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS	iore	e. IS RESIDENCE
OR INSTITUTION			ON A FARM? YES NO
Paradise Nursing Home		way Avenue	
3. NAME OF DECEASED (Type or print) Martha Ellen Wolff	· Last	4. DATE Mon	er 25, 1957 19
	8. DATE OF BIRTH	9 AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	Oct. 31, 1872		Months Days Hours Min
10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUS			12 CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	Nri- einie		
13. FATHER'S NAME	Virginia 14. MOTHER'S MAIDEN N		
Charles W. Lewis	Grace		
	NFORMANT	Add	ress
Yes, no, or unknown) (If yes, give war or dates of service)			
	rederick Ver	cnon Wolli 212	0 Harford Road
18. CAUSE OF DEATH [Enter only one cause per lipe for (o), (b), and (c).]	1/2 1		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1/Minney	Y/	SIMIS
DUE TO			
Conditions, if any, which) the Da	2. Therefly	nls	
gave rise to immediate DUE TO	X TOO AN TO THE		
lying couse last.			
	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIV	/EN IN PART 1(a) 19. WAS AUTOPSY
DIL			PERFORMED? YES NO F
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in I	Part Lor Part II of item 18.)	130 100
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	s. tenter notors of injury in		
¥	ACE OF INJURY (Home, form		(County) (State)
Haur a. m. 19 While Not while fac	troif, sites, office prog., etc.	'	
21. I certify that I attended the deceased from 12:27	194£, to	(B 1) 5 10 C	7 short I foot only the decourse
1 16 5	•		2,that I last saw the deceased
alive an 15-74 19 and that death			and an the date stated above.
ACTUAL ME. O PLANTIN	111 -6	ADDRESS (Street, city or lown,	stole) DATE SIGNED
SIGNATURE HALLS	M.D. 465	which will you	0 - 10-11 1
PHYSICIAN'S HARRY 8. GIMBE	-L		
220 BURIAL, CREMATION, 226. DATE HEREOF 22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, town,	or county) (Stole)
Burial Oct. 29,1957 Loudon Park	Cemeterv	Baltimore	Md.
23 FUNERAL DIRECTOR'S SIGNATURE 8 ADDRESS			STRAR'S SIGNATURE
Ellaworth Promoval 600 Tiberty Hei	ghts AvenateCT	31 57 (100)	educh

B. LEVA A' &

ZS6T 45 100



ar remayal.

VS A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10436 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. DH. No. 436 4

	1. PLACE OF DEATH				2. USUAL RE	SIDENCE (Where decease	d lived. If Institu	rtion: Residen	ce befor	e admission)
-		altimore		MARYLAND	a. STATE	arvl	land	b. COUNT	Y salt	mor	6
	b. CITY OR TOWN [If o	ursido corporate limits, write	RURAL C	LENGTH OF STAY IN 16	c. CITY O	R TOWN (II	f outside corp	orate limits, write			
	iddle Riv	er			Bali	timore	, Larv	land	٧		
	d. NAME OF HOSPITAL		not in hospite	al, give street address)	d. STREET				7		o, IS RESIDENCE ON A FARM?
		Blv. Extend	led		29.	16 W.I	North A	venue		1	YES NO K
	3. NAME OF DECEASED	First		Middle	lo	ıf	4. DATE	Mont	h	Day	Year
	(Type or print)	JAMES			TOM	ACK	DEATH	10)	17	19 57
	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT	н	2	9. AGE (n years	IF UNDER T		UNDER 24 HRS.
	"ale	Negro	WIDOWED [DIVORCED [JUNE	12-	321	V 5 yrs.	Months D	oys I	lours M.n.
1	10a. USUAL OCCUPATION	(Give kind of work d	one 10b. KIN	D OF BUSINESS OR INDUS	TRY 11. BIRTHPI	LACE (State	ar fareign co	unfry)	12. CITIZ	EN OF V	WHAT COUNTRY?
1	Construction	Morker		struction				c County	U	.S.A	•
	13. FATHER'S NAME		-		14. MOTHER'S	MAIDEN I	NAME				
	Will	liam Dewey	Womank	\$	Eve.	lyn W	omack			• •	*
	15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. SO	CIAL SECURITY NO. 17.	NFORMANT			Address			
1	No	. Jos Bud and or Other or in		, Cil	llie Mac	Woma	ck	Sam			
i	18. CAUSE OF DEATH	Enter only one caus	e per line før	(a), (b), and (c).]						INTERVA	L BETWEEN
		WAS CAUSED BY:	00	Listocal	m		-		-	ONSET A	IND DEATH
į	9105	DUE TO	-	71							
1	Conditions, if ony			V							
	gave rise to immedia	ole Cause (
	(a), stating the un	derlying									
	Z PART II. OTHE	R SIGNIFICANT COND	ITIONS CONT	TRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19	WAS AUTOPSY
,	PART II. OTHE										PERFORMED?
	20g. EXTERNAL CAUS	E WAS 206	DESCRIBE H	OW INJURY OCCURRED. (Enter nature of in	njury in Par	t 1 or Part 11 o	of item 18.)			
	PRIMARY DO CONT	KIBUTING []	REN	Ch CAVE	110 4	China	AT 1	41m -			
	3 20c. TIME OF INJURY	Month, Day, Year	20d INJ	URY OCCURRED 200. PLA	CE OF INJURY	Home, form	n. 20f. JCijy	or lown)	(Caun	(9)	(State)
	20c. TIME OF INJURY	19	While #	Not while DEA	lory street office	bldgetc.	HM_{ℓ}	1dle 1	In F	1010	hi Me
		t Llaak charae		nains described abo	ve held on	Autons	v lo	spection The	Inquiry	TTI 4	and find that
		rom: Natural c				lamicide	parage	determined of	parmy	المليا	und find that
		$\mathcal{D} \mathcal{A}_{-}$		Accident 152, 30	reide [_], r	Tumicide	: Ш, Оп	determined (.dose		
	ACTUAL	11497	570	VIS	CHIEF	AEDICAL EX	CAMINER			/ 0	ATE SIGNED
2	SIGNATURE	4 5	0 0-	1			AL EXAMINER		17	1/2	of ca
	EXAMINER'S NAME (Type)	119 11	AVIS	MD.			EXAMINER I	_/	10	14	747
	22a. BURIAL, CREMATION	225. DATE THEREOF	220	C. NAME OF CEMETERY OF	CREMATORY		22d. LOCATI	ION (City, fown,	or county)	-	(State)
	REMOVAL (Specify)	10-24-5	7	New Zion Cem	etery		Halifa	x County	7 7	7ire	inis
	23. FUNERAL DIRECTOR'S			ADDRESS	- V	240 RECT	Q BY RECISTI		STRAR'S SIG		ALL ALL
	EIROY O.WIL	SON	1000	Brantley Av	enue	DATE	1 63	100	deth.	Lu	ele.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10437 Reg. Dist. No.

> IS RESIDENCE ON A FARM?

> > Yeor

19

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO DA

(County)

(State)

DATE SIGNED

7-22-57

(Stote)

Day

BUREAU V. S.

10438 **CERTIFICATE OF DEATH** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) COUNTY b. COUNTY Maryland Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville Baltimore 2vrlmthl4dvs d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 17 DeSallus Avenue within 24 hours SPRING GROVE STATE HOSPITAL NAME OF 4. DATE Middle Month Samuel Yerman DEATH (Type or print) October 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH AGE (In years 74? yrs. WIDOWED | DIVORCED | 1883? white male 100. USUAL OCCUPATION (Give kind of work done done done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Russia Grocery grocer 13. FATHER'S NAME offer 14. MOTHER'S MAIDEN NAME COL Hani? Phillip Yerman remove 2 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address SPRING GROVE STATE Records: unknown unknown 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Uremia **DUE TO** Pyelonephritis Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY buriol Diabetes mellitus 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) foctory, street, office bldg., atc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased fram Oct. 15 Oct. 22 19 57 that I last saw the deceased 57 and that death accurred at 3:55a M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) Jauskas M.D. ACTUAL SIGNATURE GROVE PHYSICIAN'S Bruno Radauskas, M. D. NAME (Type) Catonsville 28, Maryland 220. AURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY, OR CREMATORY 22d LOCAMON (City. EMOVAL (Specify 0 0 240. REC'D BY REGISTRAR OCT 2 4 57 FUNERAL DIRECTOR'S SIGNATURE 245 REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

e. IS RESIDENCE

Day

22,

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO M

(Stole)

DATE SIGNED

7-22-57

IF UNDER 1 YEAR IF UNDER 24 HRS.

Russia

HOSPITAL

(County)

YES NO

Yeor

19

DECENTED SE

BUREAU V. S.

90

0

MARYLAND	STATE DEPARTMEN	OF	HEALTH-BALTIMORE,	18
10439	CERTIFICATE	OF	DEATH	

CERTIFICATE OF DEATH

10439

1. PLACE OF DEATH BE										
	altimore		MARYLAND	2. USUAL R o. STATE Mar	esidence (whey land	nere decease	d lived. If institut b. COUNTY	ion: Reside	ence befo	re admission)
RURAL and give no	f outside corporate limits earest town) atonsville	, write	c. LENGTH OF STAY IN 16		timore	outside corpo	rote limits, write I	RURAL and	d give ned	arest town)
d. NAME OF HOSPIT OR INSTITUTION	A (If not in bospital, gi- Paradise Ni	re street d 1rs1r	ng Home		T ADDRESS	ton Av	enue			e. IS RESIDENCE ON A FARMY YES NO
3. NAME OF DECEASED (Type or print)	Fins Ans		Middle F •		lost Ost	4. DATE OF DEATH	Oct	ober	29	Yeor 19 57
5. SEX Female	white a	7. MARR	DIVORCED	8. DATE OF B	, 1869		9. AGE (In years lost birthday)	Months	R 1 YEAR	IF UNDER 24 H
100. USUAL OCCUPATION during most of work Housewill	king life, even if retired)	one 10b.	KIND OF BUSINESS OR INDU		HPIACE (Slote Scotland	_	ountry)		J. S.	F WHAT COUN
13. FATHER'S NAME				14. MOTHE	R'S MAIDEN N	AME				
นา	nknown				unknov	พาว				
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT			Ado	Iress	-	
(Yes, no, or unknown)	(It yes, give war or dates of ser	vice)	He	nrv T.	Yost.	1312 E	Belvede		venue	e. ZONE
Tio CAUSE OF DE	ATH [Enter only one cau				-					
	TH WAS CAUSED BY:	se bai in	G-2heral	1220	A	rteri	oscler	osi.	CONS	ERVAL BETWEEN
450.0	DUE TO		6 -11-							
Conditions, if a	ny, which) (b).									
gove rise to i	mmediote (
couse (a), storing	the under-						1			
lying couse lost.	(c).	ITIONS C	ONTRIBUTING TO DEATH BUT	NOT DELATED	TO THE TERM	NAI DISEAS	E CONDITION OF	75 N IN I B A	07 1/2/3	B WAS ANTON
lying couse lost.	(c).	ITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PA	RT 1(a) 1	PERFORMED?
lying couse lost.	(c).							VEN IN PA	RT 1(o) 1	9. WAS AUTOP: PERFORMED? YES NO
PART II. OTH	GER SIGNIFICANT COND SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		ONTRIBUTING TO DEATH BUT					VEN IN PA	RT 1(o) 1	PERFORMED?
lying couse lost.	GER SIGNIFICANT COND SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURRE		e of injury in F	Port I or Par	t II of item 18.)		(County)	PERFORMED?
PART II. OTH PART II. OTH OR CONTRIBUTING (IF EITHER, NOTIFY Hour e. gt., p. m.	GC). SER SIGNIFICANT COND SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Year	20d, IN While at work	UJURY OCCURRED 20e. Pt. Not while of work and work	D. (Enter notur ACE OF INJUR ctory, street, of	e of injury in first (Home, farm Hice bldg., etc.	Port I or Par	or town)		(County)	YES NO (Sta
VOLVEY VOLVEY	GC). SER SIGNIFICANT COND SELECTION OF SEATH MEDICAL EXAMINER) Y Month, Day, Year	20d, IN While at work	UJURY OCCURRED 20e. Pt. Not while of work	D. (Enter notur ACE OF INJUR ctory, street, of	Y (Home, farm fice bldg., etc.	20f. (City	or town)		(County)	YES NO (Sta
PART II. OTH OR CONTRIBUTING (IF EITHER, NOTHEY 20c. TIME OF INJUR Hour e. 51. p. m. 21. I certify th	GC). SER SIGNIFICANT COND SELECTION OF SEATH MEDICAL EXAMINER) Y Month, Day, Year	20d, IN While at work	UJURY OCCURRED 20e. Pt. Not while of work and that dealff	D. (Enter notur ACE OF INJUR ctory, street, of	Y (Home, farm fice bldg., etc.	20f. (City	or town)		(County)	YES NO (Sta
PART II. OTH PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour e. st., p. m. 21. I certify the	GC). SER SIGNIFICANT COND SELECTION OF SEATH MEDICAL EXAMINER) Y Month, Day, Year	20d, IN While at work	UJURY OCCURRED 20e. Pt. Not while of work and that dealff	ACE OF INJUR ACE OF INJUR ctory, street, of	Y (Home, farm fice bldg., etc.	20f. (City	or town)		(County)	YES NO [
PART II. OTH PART II. OTH PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour e. st. p. m. 21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S	GER SIGNIFICANT COND SE UNDERLYING DEATH MEDICAL EXAMINER) Y Month, Day, Year 19 at 1 attended the Condition of the Condi	20d. IN While at work	UJURY OCCURRED 20e. Pt. Not while of work and that dealff	ACE OF INJURACION, street, of occurred of M.D.	Y (Home, farm ffice bldg., etc.	Port I or Par 20f. (City 3 C 1 M, fran ADDRESS (S	or town)	I, that I and an state) -(K	(County) last so the da Rd	YES NO [
PART II. OTH PART II. OTH PART II. OTH PART II. OTH PART III.	GO. SER SIGNIFICANT COND SELECTION OF DEATH MEDICAL EXAMINER) Y Month, Day, Year 19 Got attended the Good of the Condition of the Conditi	20d. IN While at work	CRIBE HOW INJURY OCCURRED JURY OCCURRED Not while od from and that deal And And Charle 20e. Pt. for The for T	ACE OF INJURACION, street, of occurred of M.D.	e of injury in far of the bldg., etc.	Port I or Par 20f. (City 3 C 1 M, fran ADDRESS (S	or town) or town) or town) or the causes of treet, city or town, or town	that I and an state) (K or county) Md.	(County) last so the da Pd	PERFORMED? YES NO [[State]
PART II. OTH OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour e. 91. P. m. 21. I certify th glive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIO REMOVAL (Specify) BURIAL 23. FUNERAL DIRECTOR'	GO. SER SIGNIFICANT COND SELECTION OF DEATH MEDICAL EXAMINER) Y Month, Day, Year 19 Got I attended the Good of the Condition of the Condi	20d. IN While at work decease., 195	CRIBE HOW INJURY OCCURRED AUURY OCCURRED Of Mork of Company And that deal of Company And that deal of Company And Company And Company Compan	ACE OF INJURACION, street, of occurred of M.D.	e of injury in far of the bldg., etc.	Port I or Par 20f. (City 2 3 C 1 M, fran ADDRESS (S 3 0 3 J 22d. LOCA Pike	or town) or town) or town) or the causes of treet, city or town, or town	that I and an state) (K or county) Md.	(County) last so the da Pd	PERFORMED? YES NO [[State]

TA HVEGHA

OCT 25 1957

BECEINED